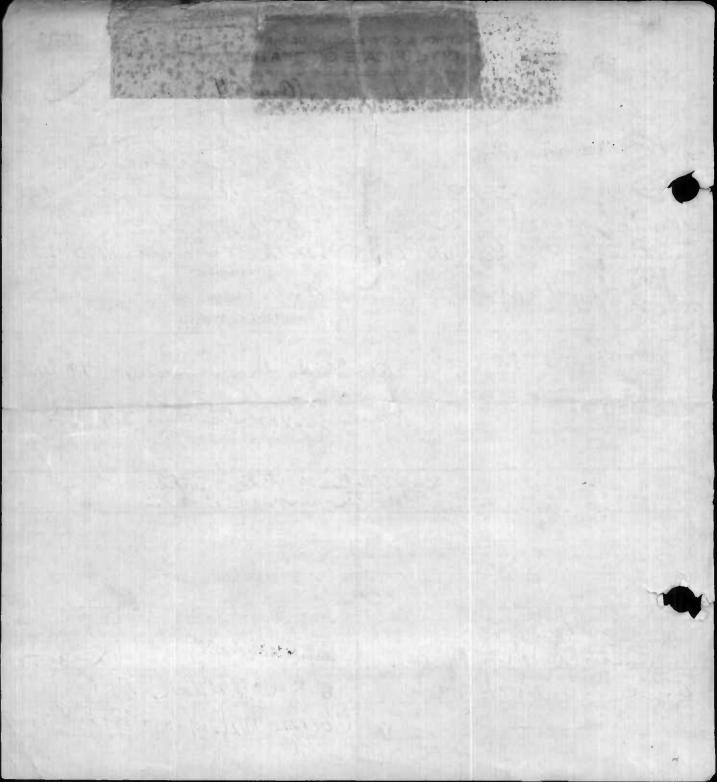
BALTIMORE CITY FEALTH DEPARTMENT

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No_	100000000000000000000000000000000000000
1. NAME OF DECEASED (Type or Print)		(A 44	A. DATE TO A	
3. PLACE OF DEATH:	W Har	(Unwork)	DEATH OF.	2,1950
A Baltimore City, Maryland	. OSYZ	4. USUAL RESIDENCE (Wh	B. COUNTY	itution : residence before admission
B. FULL NAME OF (If not in hospital or instit	location)		utalda samanata lisalt	'A DAYDAY A .
INSTITUTION JUNAS HUPKIAS HUSPITAL		1200	utside corporate limits, wr	township
	Yrs.		ural, give location)	
ength of stay in Baltimore 229	Days	620 nº	Centra	e ave
Male Colored WIDO	LE. MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	Veer If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF
Jahour Ren	. Work	with Cou	olenca 4	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1.16 600111	Manue		4
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	SYTAL	ESS
18. 02-6 X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Can	elial thron	0 .	450.
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase.	elinas un non	Moses	10 ms
ANTECEDENT CAUSES	100		0.0	>
O DISEASES OR CONDITIONS, IF ANY, GIV	ING (B)	ingo vascula	1 Dyplulis	3
RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	THE DUE TO		0,	
	(C)			
O DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS C	" Syphili	time asstitis	with	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED OVA	in insullie	iency	5
	R FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (If	in Baltimore City, give	exact location)
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUP1	
m.	WHILE AT NOT WHILE		OCCUR?	
22. I hereby certify that I attended th		- 30-, 195 to /	0-2-, 1959th	at I last saw the
deceased alive on 10 - Z - 19 50		red atm., from the	e causes and on the de	ate stated above
23A. SIGNATURE	1: 0	38. APPRESSIPLING AUGELL	23	3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TIGHT REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 249, VO	AT ON (City, town, or co	ounty) (State)
Burse 13-7-50	5 0 / 0 3 6	8 5 0 auch	don T/1	е.
DATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25 JUNERAL DIRECTOR	<i>V</i> ^{AD}	DRESS/VA A
	MILL	Chryo, Wils	of chis isc	and the
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	1109	7		0



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Lundain	BT.					

BALTIMORE CITY HEA TH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Lee Sommers OF Oct. 2, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore. Md. A. Baltimore City, Maryland Esplanade AptsI Eutawor Tce. B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN Esplanade Apts. Eutaw Place. township) Baltimore. Ld. D. STREET ADDRESS (If rural, give location) Yrs. 50 yrs. Mos. Days Eutaw Blace, Balto.17, Md. ength of stay in Baltimore 5. SEX 6. COLOR OR RACE 9. AGE (In years) II Under 1 Year 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work-done during most of warkingdift, even if retired) WHAT COUNTR Jewelery business Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isaac Sommer Sarahh 550555 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, never unknown) (If yes, pive war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nejor unknown) SECURITY NO. Mrs. Erlanger 3311 Strathmore Ave. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID EDI INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Σ 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY tended the deceased from M all 10195 90 19 Othat I last saw the 22. I hereby certify 19 30 and that death occurred at G 25AM from the causes and on the date stated above. deceased alive on.

23A. SIGNATURE · WILL

23B/ADDRESS 23c DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Baltimore, Md.

Oheb Shalom Cemetery DATE RECEIVED BY ADDRESS

LOCAL REGISTRAR

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		al. non-risk	
		TABLE BOOKS	
A THE STREET	for region in a same		
	9.6.9		

23B. ADDRESS

LOUDON PARK CEMETERY

23c. DATE SIGNED

24D. LOCATION (City, town, or county)

Baltimore, Md.

correct age 18

23A SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

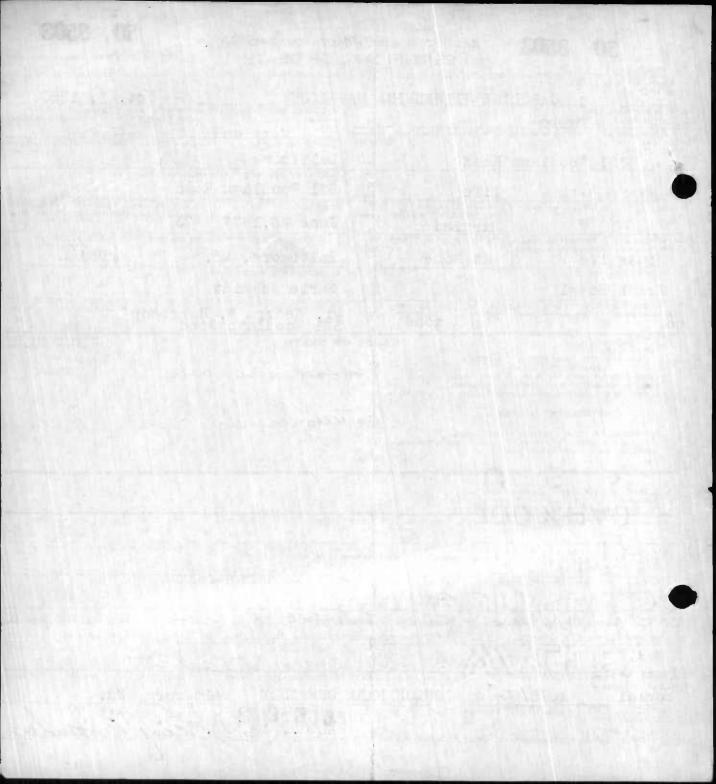
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248, DATE

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT

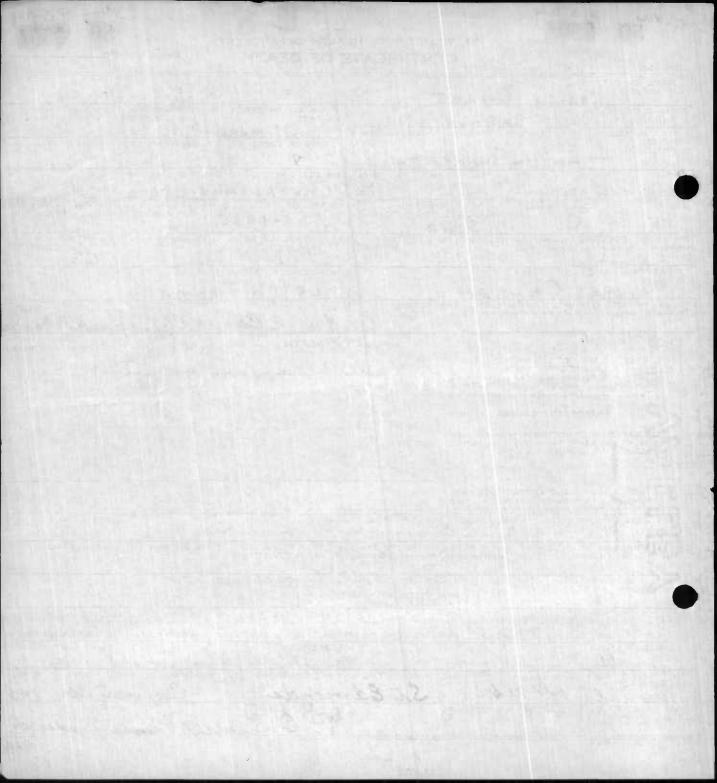
В	RTH NO. CERTIFICATI	E OF DEATH Registered No
1.	NAME OF DECEASED	2. DATE
r)	ype or Print) Louise Chase	OF DEATH 10-4-50
3.	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
	Baltimore City, Maryland Baltimans - Md.	A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
IN	STITUTION TONNULL SCHOOL HIS	township)
-	FRANKLIN SQUARE HOSP.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days	Chesapeake Beach - Md.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year last birthday) Months; Days Hours; Min.
	FF. C. Single	6-14-1925 25 ast birthday months Days hours min.
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
WOF	done during most of working life, even if retired)	MAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Thomas Chasa	1241 TI
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	LETHA / homas
(Ye	(If yes, give war or dates of service) SECURITY NO.	Edna-Chase Chase Poshe Beach
	18. 587.0 , CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	
	(This does not mean the mode of dying, e.g.,	e Hemanhegu lancrealités 5 days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
7	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC		
쁜	(C)	
RTI	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
Y	Oct. 3, 1950 aut Benowleye	YES (A) NO
EDIC	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (& g., in about home, farm, factory, street, office bidg., e	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from 10	1 1950, to 10 3 , 1950 that I last saw the
	deceased alive on 10 3, 19 50, and that death occur	
	23A. SIGNATURE 2	38. ADDRESS . 23C. DATE SIGNED
	Buyoner anderdom M.D. F	Troublin Square Hospital 10/4/50.
1 Z4	A. BURIAU CREMA- 24B. DATE 24C. NAME OF CEMETE	
	Burial 10/7/00 St 6a	monds Calvet Co ma
D	THE RECEIVED BY REGISTRAR'S SIGNATURE	29. FUNERAL DIRECTOR ADDRESS
U	CI - 51990.	7. 6. Sewell Pince Frederick
1	Uvs 150950 1 War / Milanda	ma
	5 751/	M

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correct age is especially important.

Physicians: please write the causes of death clearly and legibly.

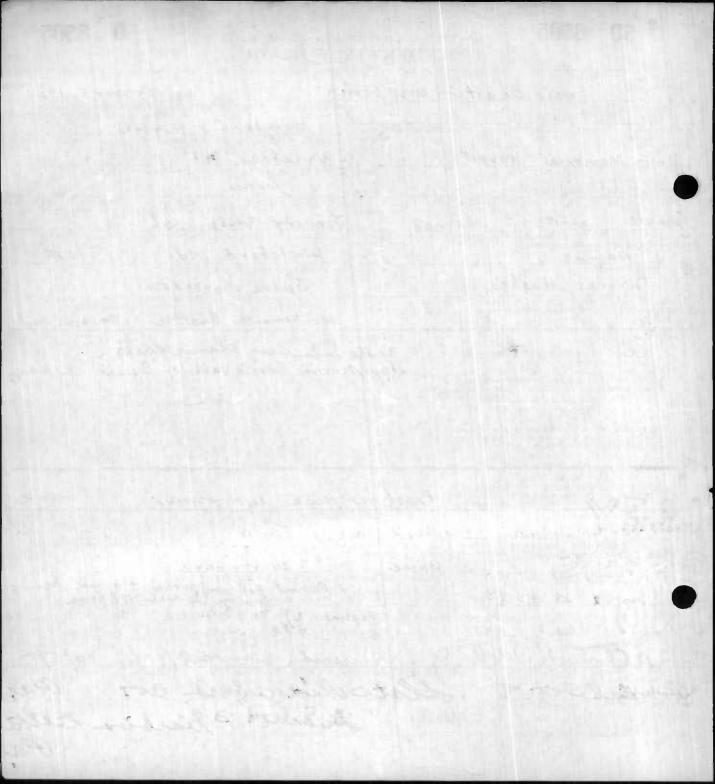
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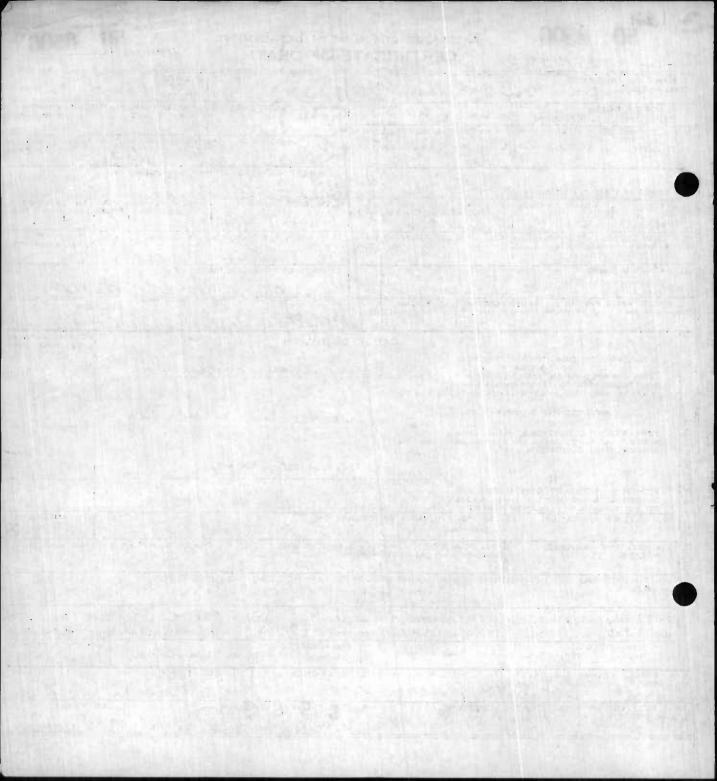
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Susie Beattie (Mrs. Size	min) 2. DATE OF DEATH October 5, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Unin Memorial Hospital	Whiteford, MI township)
Yrs. Mos. Days	Mane. 6200
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
Female white Married Married	January 19,1884 66
10A. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Y 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Whiteford, Md. USA
Thomas Hughes	Julia Morrisin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unkoowo) (If yes, give war or dates of service) SECURITY NO.	Mr. Kenneth Besttic Balair, md.
	Neck lyr Temor I week
194. DATE OF OPERATION / 198. MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
5 Home	whiteford
Sept. 28 1950 LPm. WHILE AT WORK NOT WHILE	Petrent fell on porch of home having
22. I hereby certify that I attended the deceased from 5e	ptember 291950, to october 5 , 1950, that I last saw the
deceased alive on Och. 5, 1950, and that death occu	irred at 43 km., from the causes and on the date stated above.
Lale N. Wall Q. M.B.	238. ADDRESS LANGON WENNIGH North 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR OCT - 5 950	25. FUNERAL DIRECTOR ADDRESS
VS 150	Co.
N820.0	186a Ga



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Baby Boy darrison Wayne OF Oet, 4,1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Ballimore B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Lutheran Hospital of Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) It Under 1 Year 8. DATE OF BIRTH last birthday) Months Days Hours Min. Suglo 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? noul 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. primaturity 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY same 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 22. I hereby certify that I attended the deceased from Sept. 9, 1950, to Oct. 4, 1950, that I last saw the deceased alive on Och. 4, 1950, and that death occurred at 830 mm, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE with teasp, of Maryland Oct. 5. 50 M. D. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B, DATE TION, REMOVAL (Specify) Meadowridge Duria REGISTRAR'S SIGNATURE 20. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150 SUMMERS



0 8507

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.			
1. NAME OF DECEASED		2. DATE	
(Type or Print) Harriett Ann Mitchell		DEATH Oct	3. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	nstitution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street ad HOSPITAL OR		TC 4.13	
MASICKDEXTEN	c, CITY OR TOWN	If outside comporate limits,	township)
St. Joseph's	Baltimore	1-01	
	Yrs. D. STREET ADDRESS (I	if rural, give location)	
Length of stay in Baltimore	Days 1303 Eden St		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify) 8. DATE OF BIRTH		nder 1 Year If Under 24 Hours ths: Days Hours Min.
F. Colored Married (Sep)	1-6-1894	56	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired)	OR 11. BIRTHPLACE (State or USTRY)	foreign country)	2. CITIZEN OF WHAT COUNTRY?
Inemployed	N. Carolina		
13 FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
James:	Harriott 0	Vuneton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	1 AD	DRESS .
(Yes, no or unknown) (If yes, give war or detes of service) SECURITY	No. Topo o hutake	Il Marie	a.n.C
110 1/2 X CA	USE OF DEATH		INTERVAL BETWEEN
	USE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. 0 4		4
(This does not mean the mode of dying, e.g., (A)(A) heart failure, asthenia, etc. It means the disease,	erabral phrombos	L-3	- Charles
injury or complication which caused death.) DUE TO			/
ANTECEDENT CAUSES	1		
Z (B)/	teterio seleratre c	celral	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	valouelas due	race	
UNDERLYING CONDITION LAST.			
9			
OTHER SIGNIFICANT CONDITIONS CON.			
TRIBUTING TO THE DEATH, BUT NOT RELATED	-left	lour labe	3dans
TO THE DISEASE OR CONDITION CAUSING IT.	OPERATION		1 20. AUTOPSY?
	engine of lune	· (mu)	YES NO X
≥ 1 21a. ACCIDENT. SUICIDE. 21a. PLACE OF INJURY	(e.g., in or 21c. WMERE DID	HI in Baltimore City, gi	ve exact location)
HOMICIDE (Specify) about home, farm, factory, street, off	fice bldg., etc.) INJUR# OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F, HOW DID INJUI	RY OCCUR?	
OF INJURY WHILE AT NO	T WHILE		
m. WORK A	T WORK		
22. I hereby certify that I attended the deceased from			
deceased alive on Oct. 3, , 1950, and that death	occurred at 6:20p.m., from	the causes and on the	e date stated above.
23A. SIGNATURE	23B. ADDRESS	1-0	23c. DATE SIGNED
	. D. 1900 11. Caro	lue of.	Oct. 3, 1950 (State)
24A. BURILL, CREMA 24B. DATE 24C. NAME OF C	EMETERY OR CREMATORY 249.	LOCATION (City, town, o	or county) (State)
Keneral 10/5/90	Va	uguan, n	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	20 FUNERAL DIRECTOR		ADDRESS
OCT - 51950 White for Millianis, M	plan D. Lock	· A. 1304 h-	Center Work
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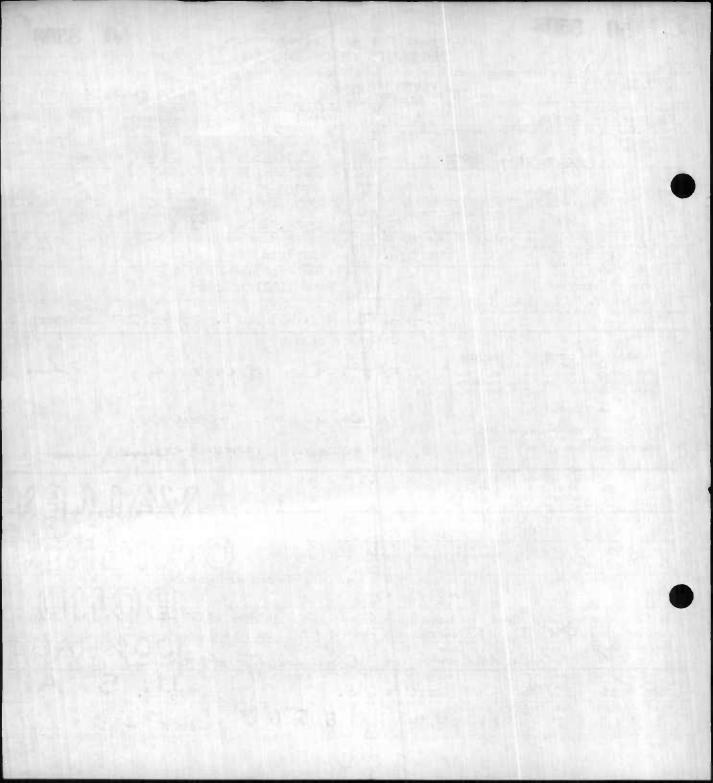
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BIRTH	NO.	

	12	. 829	354
Registered	No		

P	3 9	CEI	OTICIOATI	E OF DEATH	Registered 1	No
В	IRTH NO.	CEI	KIIFICATI	E OF DEATH	negistered :	
	NAME OF DECEASED Type or Print)	JOHN D	AVID BRAWN	ER	OF DEATH OCT	450
	. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If	institution : residence
В	FULL NAME OF (If not in hospite OSPITAL OR NSTITUTION VMVERS IT		ve street address or location)	c. CITY OR TOWN (In Baltimore	outside corporate limi	ts, write RURAL and give
	Length of stay in Baltimore		Yrs. Mos. Days	o. street address (If 6101 Blackbu		
5	M 6. COLOR OR RACE	7. SINGLE MAP	RRIED IVORCED (Specify)	8. DATE OF BIRTH May 30, 1894		if Under 1 Year It Under 24 Hours onths Days Hours Min.
1 (DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if restrod) Vice President		MIG.	11. BIRTHPLACE (State or f Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
1:	George Brawner			Maud Iillian Br		
(Y	5. WAS DECEASED EVER IN U. S. ARMED 10. no or unknown) (If yes, give war or dates 10. no		5-05-2863	17. INFORMANT Mrs. Mildred H.	Brawner 610	DDRESS 1 Blackburn La
RTIFICATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE I	OUF TO	DABNY THRO		0.
CER	TRIBUTING TO THE DEATH, BUT I	NOT RELATED				
CAL	19a. DATE OF OPERATION 19	B. MAJOR FINE	INGS OF OPER	ATION		YES NO
MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		FINJURY (e. g., ir tory,street,office bldg.,e		If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. 17 WHILE A WORK	NJURY OCCURRE		Y OCCUR?	Stonya Ha
	22. I hereby certify that I atte deceased alive on OF 3	anded the decea	sed from O	7 2 , 1950, to C	he causes and on t	that I last saw th
	23A. SIGNATURE Minde	lleton	м. р. С	muerity X	tospital	OJ 4 S
Ti	AA. BURIAL, CREMA- ON, REMOVAL (Specify) Entembrient 10/6/50		raine Maus		dlawn, Md.	or county) (State)
DL	ATE RECEIVED BY REGISTRAR'S COLL REGISTRAR'S	SIGNATURE	ishus, h	26 FUNERAL DIRECTOR	kner V So	ADDRESS Salt
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. imere 200 55. length of stay in Baltimore instant 10000 Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Wareh 12, 1891 marria 10A, USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Snawance Broker 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME + red 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO same address on decesses INTERVAL BETWEEN 18. 245 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT none 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) MEDI ebout home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE , 19 50 to O . 1950 that I last saw the 22. I hereby certify that I attended the deceased from 222 deceased alive on Out 4 1950, and that death occurred at 196 m., from the causes and on the date stated above. 23C DATE SIGNED 23m SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-248, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. MOCATION (City, town, or county)

VS 150

Buri al

DATE RECEIVED BY

LOCAL REGISTRAR

10/4/50

REGISTRAR'S SIGNATURE

450 73

Druid Ridge Cem.

25. FUNERAL DIRECTOR

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ADDRESS

Pikesville, Md.

world

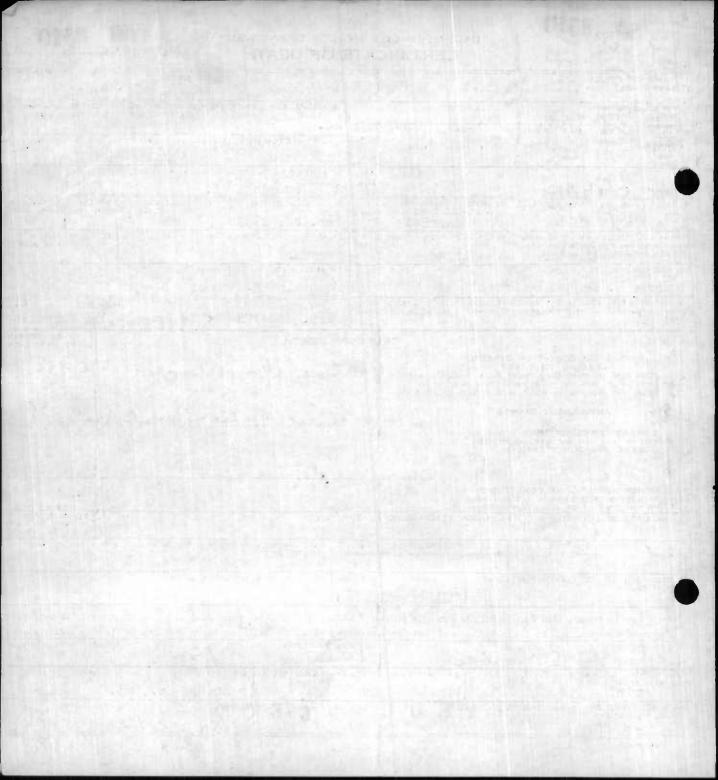
There white what it is you administed and delather chance need or what was the condition that recentate It don't See Drawned File 50 - 8509 10-18 50

correct age is especially important. Physicians: please write the causes of death clearly and leptony.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	CERTIFICATE	OF DEATH		
1. NAME OF DECEASED (Type or Print)	MARION De Von DePASC	AL	of Oct.	4, 1950
LICEDITAL OR	al or institution, give street address or location)	4. USUAL RESIDENCE (WASTATE	B. COUNTY	institution: residence before admission) s, write RURAL and give
institution Lutheran H	osp. oi Md.	Baltimore	16-	township)
Length of stay in Baltimore	Yrs. Mos. Days	1016 Rosedale St	•	
5. SEX 6. COLOR OR RACE male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	Apr. 24, 1900	9. AGE (In years last birthday) Mo	nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of cork done during most of working life, even if retired) Claim Investigator	108. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
George W. De Von De P	ascal	Catherine P. Wun		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yee, give war or deter	FORCES? 16. SOCIAL	17. INFORMANT Mrs. Madeline E	A	DDRESS St. 1016 Rosedale
LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication which complication will be complicated by the complication will be complined by the complication will be complicated by the complication w	STATING THE DUE TO	tine Hemore tensie Cadio	- Vasculi	Done?
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		. =	
19a. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, s	give exact location)
21p. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRE m. WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
deceased alive on 10-4	ended the deceased from 10, 1950, and that death occur	red at 1: 10 Am., from th	ic eauses and on the	he date stated above.
23 SIGNATURE RX	back M.D. S		1 dosp	23c. DATE SIGNED
TION. REMOVAL (Specify) Burial 10/7/50	Meadow Ridge	Но	ward Co., Md	
LOCAL REGISTRAR	iglor Milians, 11.	25 FUNERAS DIRECTOR	lener & St	m. Dalto
VS 150	3005	0	09	3 d md.



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BALTIMORE CITY HEALTH DEPARTMENT

50	8511 -
Registered No.	

BIRTH	H NO.			CERTIFICAT	E OF DEATH	Registered	No.
	ME OF DE	ECEASED	Simo	n S. Etzel		DEATH	.0-4-50
A. Ba		ity, Maryland		lto	4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
HOSP	LL NAME (PITAL OR ITUTION	of (If not in hospit		ion, give street address or location) Street	c. CITY OR TOWN Balto., Md.	(If outside corporate lin	nits, write RURAL and give township)
				Yrs.	D. STREET ADDRESS	(If rural, give location)	
		ay in Baltimore	lif	e Mos.	114 N. Por	t Street	
5. SE	×	6. COLOR OR RACE	7. SINGLE WIDOW Wido	E, MARRIED, /ED, DIVORCED (Specify) Wed	8. DATE OF BIRTH	80	Months Days Hours Min.
work don	USUAL OCC leduring most of ired La	CUPATION (Give kind of working life, even if retired)		of Business or INDUSTRY Sugar Refnry	II. BIRTHPLACE (State of Baltimore		12. CITIZEN OF WHAT COUNTRY?
	ATHER'S N				14. MOTHER'S MAIDEN	NAME	
		Un	known		Unknow	n	
15. W. (Yes, no	AS DECEASE or unknown) no	D EVER IN U, S. ARME (If yee, give wer or date NO	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Leonard S. E	tzel 114 N.	ADDRESS Port Street
	(This does heart failur injury or	l E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mes complication which of	TH of dying, e.g ins the diseas caused death	(A) cereb	of DEATH	accident	72 M.
FICATION	DISEASES RISE TO TH	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVIN		states pr	eumonia	2+ fr.
CERTIFIC	TRIBUTING	II GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D			
. 19	A. DATE O	F OPERATION 0	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
L'		ENT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., i arm, factory, street, office hidg.,		(If in Baltimore City	, give exact location)
	ID. TIME (Month) (Day) (Year		2 IE. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
		certify that I at	ended the	deceased from	, 195, 10		5, that I last saw the the date stated above.
	SA, SIGNAT			MD M. D.	2936 E. J.	Bello St	23c. DATE SIGNED
Z4A.	BURIAL, C	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240	. LOCATION (City, tow	
	Buria]	10-7	7-50	_ Holy Redeem	er o E I	Baltimore	Md.
	RECEIVED TO	RAR	A second of the	RE U W	er 5 CHERAL DIRECTO	oke 403 S.	Wolfe Street
	VS 150		dh		6		0930

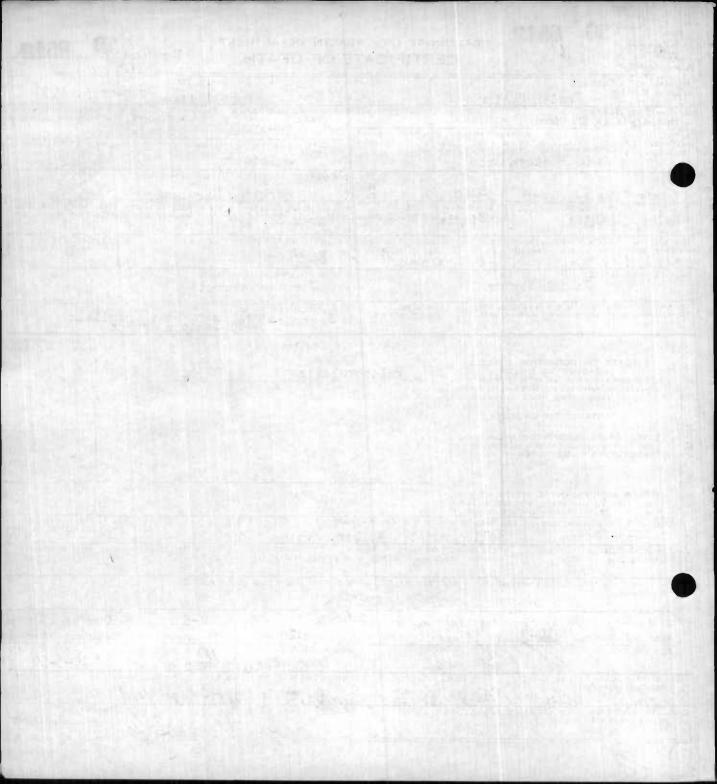
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T. ParticEtines	ICT Sends	Laurent S.				

correct age is especially important. Physicians: piease write the causes of death creatly and regimp.

BALTIMORE CITY HEALTH DEPARTMENT

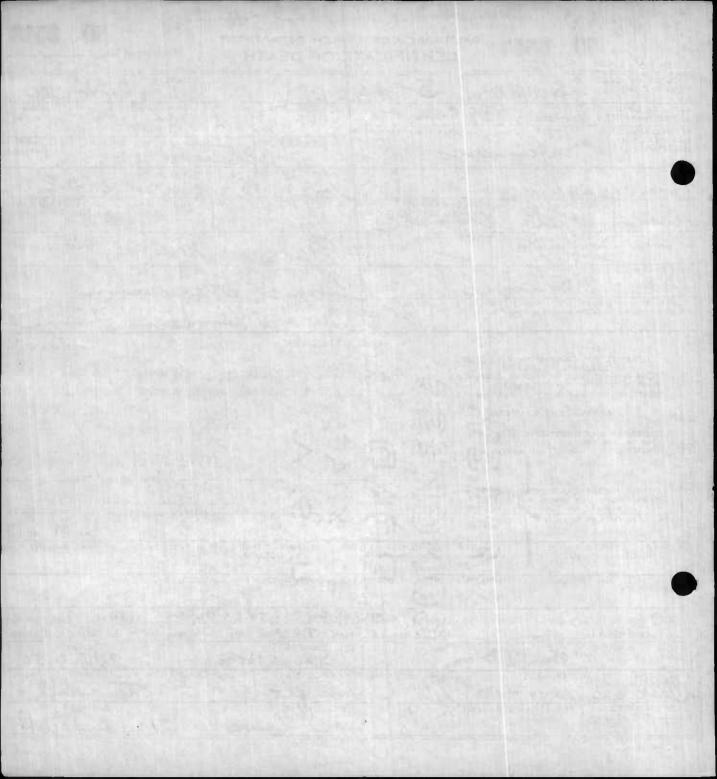
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B	IRTH NO.			CERTIFIC	ATE	OF DEATH	Registered	No	
1.	NAME OF D						2. DATE	b r	3000
		Josiah :	Naylor				OF Octo		
	. PLACE OF DEATH: . Baltimore City, Maryland					4. USUAL RESIDENCE (B. COUNTY		: residence ore admission)
	FULL NAME OF (If not in hospital or institution, give street address or					Maryland	12alle	more	
	HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.						f outside corporate lin	its, write RU	RAL and give township)
		4940 Paste	rn Ave.		V	Baltimore	t mana t minu langtion \		
			Lif		Yrs. Mos.	D. STREET ADDRESS (II		FULL	0
- Comment	Length of s	tay in Baltimore		E. MARRIED.	Days	Parkton, l	9. AGE (In years)	If Under 1 Year	If Under 24 Hours
	Male	White	w s	DIVORCED (S	pecify)	March 22, 1943	last birthday)		
		CUPATION (Give kind of working life, even if retir		OF BUSINESS C		11. BIRTHPLACE (State or i	foreign country)	12. CITIZ	EN OF T COUNTRY?
	Stude	and a	/ub/	cochool		Maryland			
13	B. FATHER'S		7			14. MOTHER'S MAIDEN N			./
		Josiah N	SATOL	me disherts		Dorothy Armo	ost		
	5. WAS DECEAS se, no or nnknown)	ED EVER IN U.S. ARE (If yes, give war or d		16. SOCIAL SECURITY I	٧٥.	Records- 4940 Eastern Avenue		ADDRESS Spitals	
	18. 18	0.0		CAU		OF DEATH		INTER	VAL BETWEEN
		1	N DIRECTLY					ONSE	AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,						2	days	
	heart fails	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						******	
	111,017,01			, 202 10					
Z	ANTECEDENT CAUSES								
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							••••••	
10									
F		11		(C)			***************************************		
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED								
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							Medical Control	AUTOPSY?
N S							If in Baltimore City	YES event	No A
EDI	HOMICIDE			farm, factory, street, office			II in Daitimore City	, give exact	location)
EDICAL	210. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCC	URRE	D 21F, HOW DID INJUR	Y OCCUR?		
	OF INSURT		m.		WHILE				
	22. I hereby certify that I attended the deceased from 10-4, 1950, to 10-5, 1950that I last saw th								
	deceased alive on 10-5, 19 50, and that death occurred at 1:20 Am, from the causes and on the								
	23A. SIGNA		77			3B. ADDRESS		23c. D/	ATE SIGNED
2		M.	(169	162 M.I		4940 Eastern			-5-50
2 TI	AA. BURIAL,		H.n.	24C. NAME OF CE	METER	RY OR CREMATORY 24D. 1	OCATION (City, tow	n, or county)	(State)
12.	Juria!	clober	6/15,0.	territord	150	1018515 /81	Klon, Inc	1. R.D)
	OCAL REGIST		R'S SIGNAT	URE	1	25 FUNERAL DIRECTOR	/ X X	ADDRES	Trondom
			p. 3.	111111111111111111111111111111111111111	V	1- lacob No	relember	niew	
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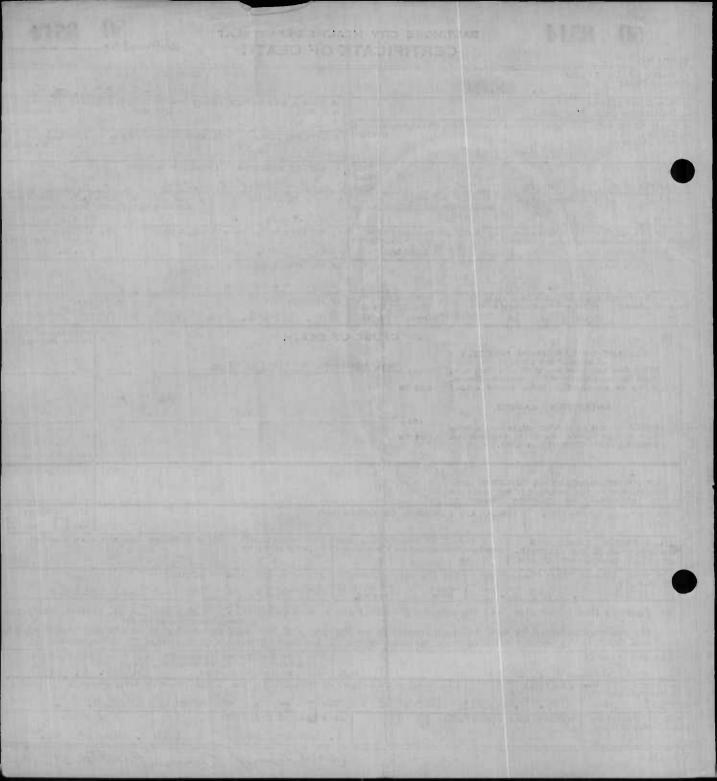


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5	26.	50 851			EALTH DEPARTMENT E OF DEATH	T Register	ed No
-		1-15473					
	NAME OF DE	SING	BER,	5TAN	LEY	2. DATE OF DEATH 4	October 50
A.	Baltimore C	ity, Maryland 5	5423	Crima are	4. USUA RESIDENCE	Where deceased live	ed. If institution: residence Y before admission)
H	FULL NAME O OSPITAL OR ISTITUTION	1	rtal or institution	on, give street address or location)	c. CITY OF TOWN	Of outside corporate	limits, write RURAL and give
	Langth of at	ay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If rural, give location	ave
edition reprodu		6. COLOR OR RACE	17 SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In year	rs It Under 1 Year It Under 24 Hours
7	rale	white	WDOW	ED, DIVOR ED (Specify)	7-123-50	last birthday	Months Days Hours Min.
		WORKING life, even if retired		OF FUSINESS OR INDUSTRY	11. BIATHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	AME /	i I I I I I I I I I I I I I I I I I I I	CONTRACTOR OF THE STREET	14 NOTHER'S MAIDEN	NAME	
1	Morr	is ofen	ger		Donne o	freum	iau
(Ye	o. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or da)	es of service)	16. SOCIAL SECURITY NO.	Morris &	uger-	ADDRESS
	18. 7.	44		CAUSE	OF DEATH	()	INTERVAL BETWEEN
		E OR CONDITION	ATH	Myocar	dial insufficier	nev due to	
	heart failur	not mean the mode re, asthenia, etc. It me complication which	eans the disease	e,			l fibro elastosis
		ANTECEDENT CAU	ISES				7, 10 4 5 5 6
ZO				(B)			
ATION	DISEASES	OR CONDITIONS,	IF ANY, GIVIN) STATING TH	G			
ICATION	DISEASES	OR CONDITIONS,	IF ANY, GIVIN) STATING TH	G		CERTIFICATION	N APPROVED BY
TIFICATION	DISEASES RISE TO TH UNDERLY	OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L	IF ANY, GIVIN) STATING TH .AST.	G DUE TO		CERTIFICATION (RECOVER)	N APPROVED BY
ERTI	DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING	OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT	IF ANY, GIVIN) STATING TH AST. DITIONS CON I NOT RELATE	G E DUE TO		CERTIFICATION	APPROVED BY
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AL CERTI	DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING TO THE DI	OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITIO	IF ANY, GIVIN) STATING TH .AST. DITIONS CON T NOT RELATE IN CAUSING IT	(C)	ATION	Blo.	N. D.
L CERTI	DISEASES RISE TO TH UNDERLY OTHER SI TRIBUTING TO THE DI 19A. DATE OF	OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITIO	IF ANY, GIVIN) STATING TH AST. DITIONS CON T NOT RELATE N CAUSING IT 19B. MAJOR	(C)	or 21c. WHERE DID	Blo-	20. AUTOPSY?
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CAL CERTI	OTHER SI TRIBUTING TO THE DI 19A. DATE OI 19A. TIME (I) FINJURY	GOR CONDITIONS, HE ABOVE CAUSE (AI ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION NT. SUICIDE. (Specify) Month) (Day) (Year If certify that I at ive on	IF ANY, GIVIN) STATING TH AST. DITIONS CON 1 NOT RELATE N CAUSING II 19B. MAJOR 21B. PLA about home, fa (Hour) 2 m.	CE OF INJURY (e. g., interpretation of the control	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU Tred at 7:00 m., from	(If in Baltimore C	20. AUTOPSY? YES NO ity, give exact location) 1959, that I last saw the on the date stated above.
CAL CERTI	OTHER SI TRIBUTING TO THE DI 19A. DATE OI 19A. TIME (I) FINJURY	GOR CONDITIONS, HE ABOVE CAUSE (AI ING CONDITION L II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION F OPERATION NT. SUICIDE. (Specify) Month) (Day) (Year If certify that I at ive on	IF ANY, GIVIN) STATING TH AST. DITIONS CON I NOT RELATE N CAUSING II 19B. MAJOR 21B. PLA about home, fa (Hour) 2 m. tended the (19 , 19 , 6	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., interpretation of the control of the cont	ED 21F. HOW DID INJU Tred at 7:00 m., from 3B. ADDRESS	(If in Baltimore C	20. AUTOPSY? YES NO ity, give exact location) 1950, that I last saw the on the date stated above.
VEDICAL CERTI	OTHER SITURD THE DISTANCE OF INJURY DISEASES RISE TO THE DISTANCE OF THE DISTANCE OF INJURY 21A. ACCIDENT HOMICIDE 11D. TIME (1) 22. I hereby deceased alignment of the decease o	OR CONDITIONS. HE ABOVE CAUSE (A'ING CONDITION L'ING CONDITION	DITIONS CONTINOT RELATE N CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2tended the 19 , 0	CE OF INJURY (e. g., interpretation of the control	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU Tred at 7:00 m., from 3B. ADDRESS	(If in Baltimore C	20. AUTOPSY? YES NO ity, give exact location) 1959, that I last saw the on the date stated above.
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DEDICAL CERTI	OTHER SITURD THE DISTANCE OF INJURY DISEASES RISE TO THE DISTANCE OF THE DISTANCE OF INJURY 21A. ACCIDENT HOMICIDE 11D. TIME (1) 22. I hereby deceased alignment of the decease o	GOR CONDITIONS. HE ABOVE CAUSE (AING CONDITION LING	DITIONS CONTINOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2tended the (, 19 , 0	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e. g., interpretation of the control of the cont	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU Tred at 7:00 m., from 3B. ADDRESS	(If in Baltimore C	20. AUTOPSY? YES NO ity, give exact location) 1959, that I last saw the on the date stated above.
DEDICAL CERTI	OTHER SI TRIBUTING TO THE DI 19A. DATE OF INJURY 21A. ACCIDE HOMICIDE 11D. TIME (1) OF INJURY 22. I hereby deceased alignment of the decased al	GOR CONDITIONS. HE ABOVE CAUSE (AING CONDITION LING	DITIONS CONTINOT RELATE IN CAUSING IT 19B. MAJOR 21B. PLA about home, fa (Hour) 2tended the (, 19 , 0	GE DUE TO (C) FINDINGS OF OPER CE OF INJURY (e.g., inform, factory, street, office bldg., office	21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJU Tred at 1:00 m., from 3B. ADDRESS RY OR CREMATORY 24D.	(If in Baltimore C	20. AUTOPSY7 YES NO ity, give exact location) 1959, that I last saw the on the date stated above. 23c. DATE SIGNED town, or county) (State)

. 610



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) KOONTZ GANON CARRIE J. DEATH October 4, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 601 Ashburton Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | M Under) Year | M Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Sept. 27, 1917 female white married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Swedish Massage Baltimore, Maryland Mesusse U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edith G. White Harry F. Koontz 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Ars. Mary A. Bragg 601 Ashburton Street ves World War 11 INTERVAL BETWEEN CAUSE OF DEATH 10.2 ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ... Barbiturate intoxication (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO X 21c. WHERE DID (If ia Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 601 Ashburton Street home PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Ingestion of phenobarbital tablets 1950 10.15 October 1 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER | 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Oct. 7, 1950 Anne Arundel County, Md. Cedar Hill Cemetery burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Charles St. A. Howard Evans 1400 S. V S 151 W. Howard Evan Bolto. 30



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Kose (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Plemore D. STREET ADDRESS (If rural, give location) Yrs. J. Maderia di c. Length of stay in Baltimore last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Danse Wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Chronic Glomerulo-Nephrilis UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR?

21E. INJURY OCCURRED

WHILE AT

OF INJURY 10-3- 1950 to 10-4 22. I hereby certify that I attended the deceased from_

deceased alive on 10 - 4 - 1950, and that death occurred at 6.15 p.m., from the causes and on the date stated above. 23A, SIGNATURE

23c. DATE SIGNED

before admission)

WHAT COUNTRY?

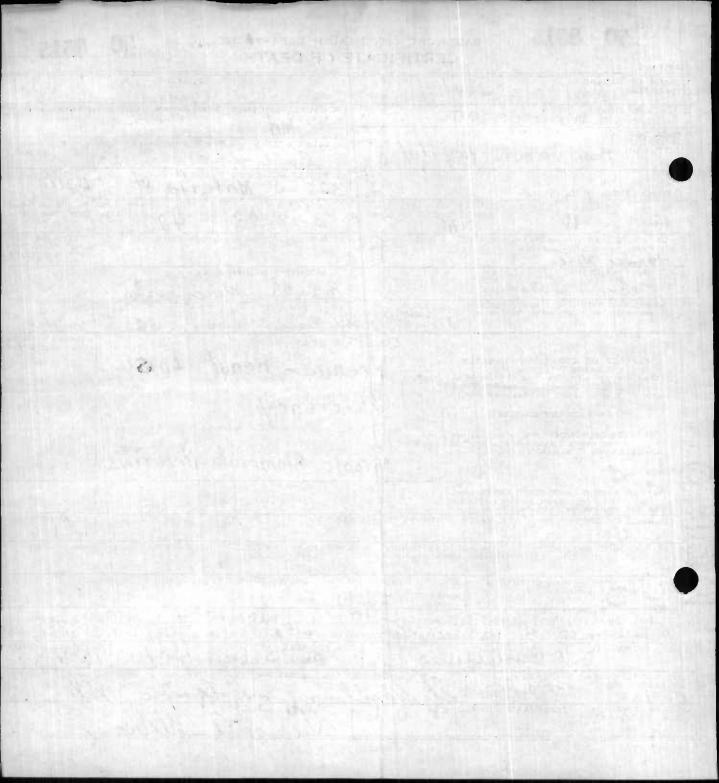
24A. BURIAL, CREMA-TION, REMOVAL (Specify) MURIAL DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNDEAL DIRECTOR

ADDRESS

LOCAL REGISTRAR



26 50 8516

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.____

BIRTH NO 2. DATE I. NAME OF DECEASED MATILDA BAKER (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION F township) ONNE D. STREET ADDRESS (If rural, give location) Yrs. Mos YONNE c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR DE RACE DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. fi Undor i Year IDOWED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HAMMOND MHOL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL (Yee, po or unknown) SECURITY NO. EMINIZER NO CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO iujury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 198, MAJOR FINDINGS OF **OPERATION** 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT 1947 to 3 Octor, 1950 that I last saw the June 12 22. I hereby certify that I attended the deceased from_ deceased alive on 3 October, 1950, and that death occurred at 12 -A.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL CREMA-2 D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY DR CREMATORY (State) 24B, DATE Dr TUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE 25. DATE RECEIVED BY LOCAL REGISTRAR

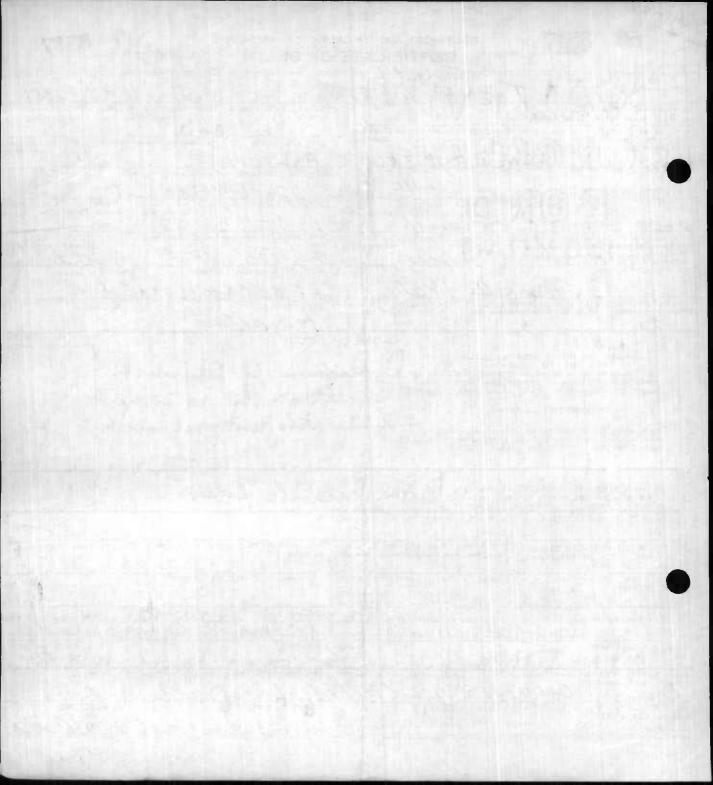
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И.	BIRTH NO.	CATE OF DEATH Registered No	
	1. NAME OF DECEASED (Type or Print)	2. DATE. OF DEATH /0 - 4	4-1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY	tution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street ad HOSPITAL OR INSTITUTION	ddress or // LRY LAND ocation) c. CITY OR TOWN (If outside corporate limits, wr.	
	ST. AGNES. HOSPITA	Yrs. D. STREET ADDRESS (If rural, give location)	township)
	c. Length of stay in Baltimore	Mos. 2727 M 08 H E R St	
П	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORGED	8. DATE OF BIRTH 9. AGE (in years) If Under	
• 7	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS ork done during most of working life, even if retired)		CITIZEN OF
	13. FATHER'S NAME	130/10.1 ma	SA -
	THAMAS E Walls	REBECCA, CORRELL	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, oo or ooknowo) (If yes, give war or dates of service) SECURITY	Y NO. 17. INFORMANT ADDR.	ESS
-	18. 151 / CA	AUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		DNSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	useinme of Stowers.	•••••••••••••••••••••••••••••••••••••••
	injury or complication which caused death.) DUE TO	2 metastasli to Liver.	
		and retroperitment worder	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0	
	OTHER SIGNIFICANT CONDITIONS CON-		
	OTHER SIGNIFICANT CONDITIONS CON-	in releastice C.V.D.	
	TO THE DISEASE DR CONDITION CAUSING IT.	FOPERATION	20. AUTOPSY?
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		YES ND
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, of		exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF		
1	m. WORK A	OT WHILE	
now[ex	22. I hereby certify that I attended the deceased from deceased alive on 10-4-5019 and that death	n 0 3 50 19 , to 0 4 3 719 , th h occurred at 2 m., from the causes and on the de	at I last saw the
7.0	23A SIGNATURE	23B. ADDRESS 23	C. DATE SIGNED
age		EMETERY OF CREMATORY 24D. LOCATION (City, town, or or	ounty) (State)
TOOL	DATE RECEIVED BY REGISTRAR'S, SIGNATURE	25. FORERA PIRECTOD ADI	DRESS
100	LOCAL REGISTRAR		5-Yorkera
	Vs 150		101117



DEFICIA DIFRAL BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 13056 DEATH 10-4-50 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give MEMORIAL HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. MARRIED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE TALIAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME DALVATORE DIPIPA ZINGARELLI 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, person unknown) (1f yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) NVOCARDIAL INFARCTION (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) GENERALIZED ARTERIO-SCLEROSIS WITH RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HUPERTENSION

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A, DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION

22. I hereby certify that I attended the deceased from 10-3

(If in Baltimore City, give exact location)

. 1950, to 10 - 4 , 1950, that I last saw the

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour)

ш

DICAL

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT NOT WHILE WORK

deceased alive on 10-4, 19 5D, and that death occurred at 9:20 Am., from the causes and on the date stated above, 23A. SIGNATURE

23c. DATE SIGNED

20. AUTOPSY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town or county) 24C. NAME OF CEMETERY OR CREMATORY

21c. WHERE DID

INJURY OCCUR?

edeluer bou 4430 felanded DATE RECEIVED BY REGISTRAR'S SIGNATURE

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	CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED Otio Daniel		2. DATE OF DEATH	1.150
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE ()	Where deceased lived, If inst B. COUNTY	itution : residence before admission)
B. H	CIT not in hospital or institution, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give
	Yrs. Mos.	D. STREET ADDRESS (If		1
17704770	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years H Unde	r 1 Year H Under 24 Hours
3	rale rigro married (Specify)	8-13-03	last birthday) Months	
wor	A USUAL OCCUPATION (Give kind of he dering most of working life, even if retired) FATHER S NAME	Rock Hill	6.C.	WHAT COUNTRY?
	Jeoge Daniel	14. MOTHER'S MAIDEN N	Harri	2
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDITUD HUSPITA	RESS
	2017	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ing aloc	ess	8whs
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	0		
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	. #		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to a contribution of the contr		If in Baltimore City, give	exact location)
Ĩ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR HINJURY MHILE AT NOT WHILE AT WORK AT WORK		Y OCCUR1	
	22. I hereby certify that I attended the deceased from	R. 28 195010 G	Det 1 , 195 00	hat I last saw the
	deceased alive on Oct 1, 19 5 Dand that death occur	red at 2 35 m., from t	the causes and on the c	late stated above. 3c. DATE SIGNED
	Cictor (1. 1 Chusick M. D.	40113 Ac	PRIES HOSPITAL 3	2012,1950
2	A. BURIAL, CREMA- 24B. DATE 10 REMOVAL (Specify) 10-7-1950 11 Call	ory em. C	CALL TULL	911d.
D.	TE RECEIVED BY REGISTRAR'S SIGNATURE	MAN 164 RIGHTOR	Misme L	weder St
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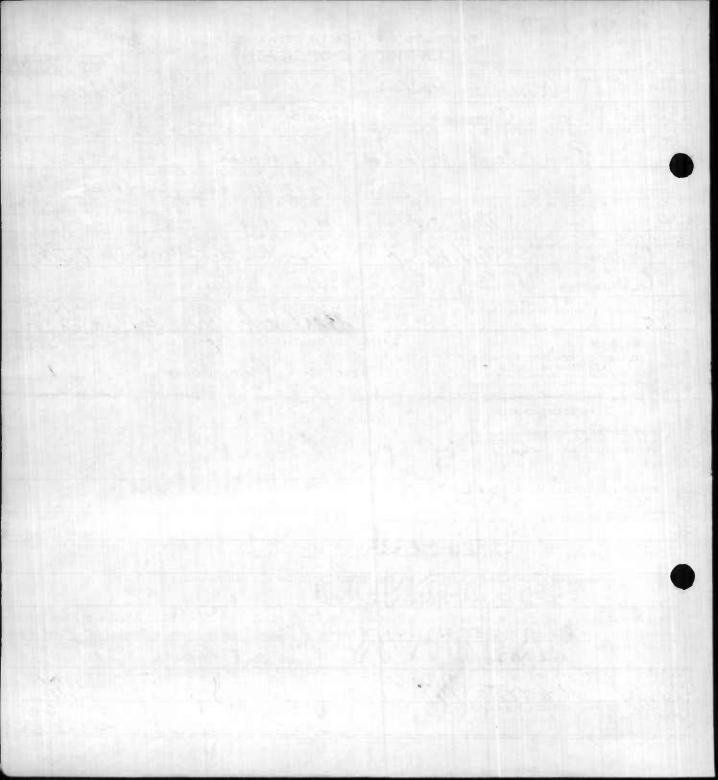
BALTIMORE CITY HEALTH DEPARTMENT

7	BI	RTH NO.	8520 BA	ALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No	I my
	1.	NAME OF DECEASED ype or Print)	Russell	Holley		2. DATE OF DEATH	150
۶.	B. HC	PLACE OF DEATH: Baltimore City, Ma: FULL NAME OF (If SPITAL OR STITUTION	yland Com	ution, give street address or location) How his fal		Where deceased lived. If in	before admission)
rargar	c.	Length of stay in B	altimore	Yrs. Mos. Days		frural, give location)	at Baller
ana			R OR RACE 7. SING	LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years II Ur	der I Year II Under 24 Hours hs Days Hours Min.
crearry		A. USUAL OCCUPATIO done during most of working life		DOF BUSINESS OR	11. BIRTHPLACE (State or Morry luce)	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
nearn (13	Lather's NAME	- Holle)	14. MOTHER'S MAIDEN N Mrs Newll	NAME Per	<i>p.</i> -94.
uses or c	15 (Yes	. WAS DECEASED EVER IN , no o'unknown) (If yee, g	U. S. ARMED FORCES? ive war or dates of service)	16. SOCIAL SECURITY NO.	Bas Tha Hort	Per Letin	ORESS 1908 W.
piease write the ca	ATION	LEADIN (This does not mean heart failure, astheni injury or complicat ANTECE!	I DINDITION DIRECTLE S TO DEATH the mode of dying, e a, etc. It means the dise ion which caused dea DENT CAUSES	Y Ge, (A) Ge ase, th.) DUE TO H	ubral thron	rboris	ONSET AND DEATH
nysicians	LIFIC		11	_(C)			
nysı	CER	TRIBUTING TO THE	NT CONDITIONS C DEATH, BUT NOT RELA CONDITION CAUSING	TED			
Jt.	AL	19A. DATE OF OPERA	TION O 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
important.	EDIC	21A. ACCIDENT. SUIC HOMICIDE (Specify		LACE OF INJURY (e. g., i e, farm, fectory, street, office bldg.,		(If in Baltimore City, giv	e exact location)
ally		OF INJURY	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
is especia		22. I hereby certify deceased alive on 23A. SIGNATURE	that I attended the	2	rred at 3 45 m., from 23B. ADDRESS	Cloby 2, 19.13, the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 10/2/Jo
ect age	24	REMOVAL (Specify)	1-6-1950	The Cul	WW Com 240.	Ballo,	Mal State)
correct		ATE RECEIVED BY 1 RECEIVED BY 1 REGISTRAR 5 1950	EGISTRAR'S SIGNAT	Mike O	125. EUNERAL DIRECTOR Mis Kotte R. W.	illiams &	chrocert

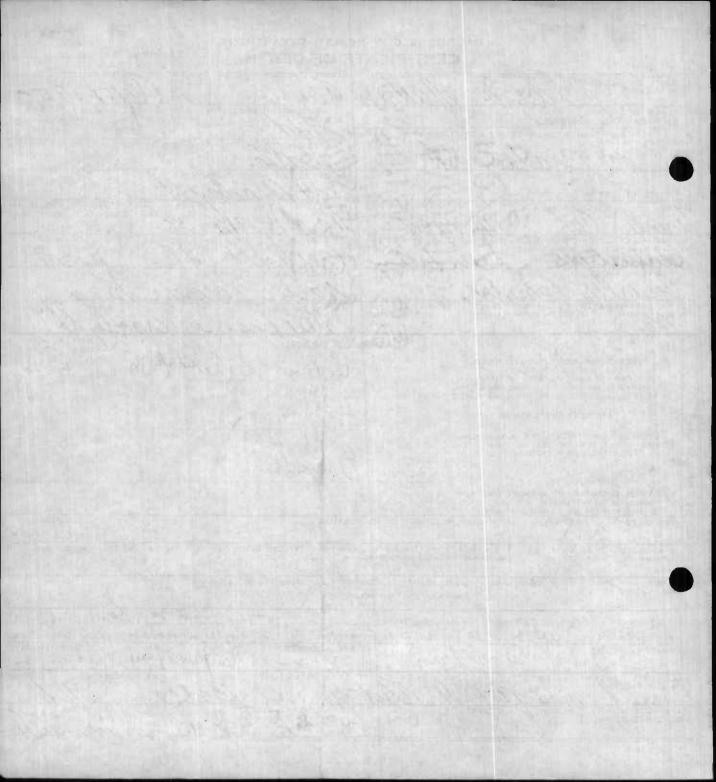
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correct age is especially important. Physicians: please write the causes of death clearly and regimly.

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				EALTH DEPARTME		
BIRTH	NO.	C	ERTIFICAT	E OF DEATH	Registered No	
1. NAM (Type or	Print)	89 8	Madre	Quinn	2. DATE OF DEATH	-1.1950
A. Balt	e Of DEATH: imore City, Maryland			A. STATE	E (Where deceased lived, If in B. COUNTY	stitution; residence before admission)
HOSPIT INSTITU	AL OR	la or institution	l, give street address o		(If outside corporate limits,	write RURAL and give township)
0	oo on an	leg 13	Yrs. Mos.	D. STREET ADDRESS	(If reval, give beginn)	1-03
c. Leng	th of stay in Baltimore 6.COLOR OF RACE	7. SINGLE.		8. DATE OF BIRTH		nder i Year If Under 24 Hours
1 lm	UAL OCCUPATION (Givekindo)	7//00	DIVORCED (Specify	11. BIRTHPLAGE (State	12 38	hs Days Hours Min.
work debed	uring most of worker life even if retired	Dress	Factory		N.C.	WHAT COUNTRY!
13. FA	COLUND BALL	MM		14. MOTHER'S MAIDE	BLOWN K	in
15. WAS	DECEASED EVER IN U. S. ARME unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT BLA	My Read	DRESS 814
18.	241X .		CAUSE	OF DEATH	WIC VISITIAN	INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA		1	andia d	ilutation "	2 Jan
h	This does not mean the mode eart failure, asthenia, etc. It me	of dying, e.g., ans the disease,	(A)	acrise o		P
jī	ajury or complication which ANTECEDENT CAU		DUE TO	Arthur		0
Z			(B)	/ > = 10.4		
FR	ISEASES OR CONDITIONS, ISE TO THE ABOVE CAUSE (A INDERLYING CONDITION L	STATING THE	DUE TO	0 1		
FIC	•		(C)) unchi lis		
ERTI	THER SIGNIFICANT COND	ITIONS CON-				
	RIBUTING TO THE DEATH, BUT O THE DISEASE OR CONDITIO	N CAUSING IT.	V			
_	Nate of OPERATION	198. MAJOR F	INDINGS OF OPE	RATION		20. AUTOPSY?
	ACCIDENT, SUICIDE,		E OF INJURY (e.g., p,factory,street,office bldg.		(If in Baltimore City, give	
III						
	TIME (Month) (Day) (Year NJURY	WH	E. INJURY OCCURE ILE AT WORK ORK AT WORK		JURY OCCUR?	
	I hereby certify hat I at			19 40 to		that I last saw the
	eased alive on Aut. 3	u, 19_50, ar		erred at OH m., fro	om the cluses and on the	
23A	7 i voz	2. I	Evy M.D.	2322	Contaw Plans	10 -4-13
34A. B Sur	URIAL, CREMA- 248. DATE MOVAL (Stylify)	1950 29	NAME OF CEMET	Who Cum'	Ballo.	r county) (State)
LOCAL	DECLOSEDAD	SSIGNATUR	1 () (;	25. FUNERAL DIRECT	ORO	ADDRESS 322/
<u> </u>		to thomas yo	ALA. CLA, M = '	ms pate of.	Williams A	charcle St
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	
1. NAME OF DECEASED Gohn P. Sataitis 2. DATE OF DEATH 10	14/50
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or Maruhland	limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, giya location	
c. Length of stay in Baltimore 50 yrs Mos. Days 9/4 Hollins	St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In year	Months: Days Hours Min.
Male White Married unknown 1874 76	
VOR. USUAL OCCUPATION (Givekind of working life, even if retired) Work done during most d working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Peter Sataitis Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.	ADDRESSU ST
18. 422.1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. (A) Unterioselectic cardinase.	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Aisease	elar maknown
ANTECEDENT CAUSES	
Z (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO P
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?	ty, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from ling. 4, 190, to Oct. 4, 1	
deceased alive on dec. 4, 1930 and that death occurred at a 20 pm., from the causes and of	n the date stated above.
abraham B. Hurwitz 4.0. 3049 W. North Fore.	Oct. 5, 1950
24A. BURIAL, CREMA- 24B. DATE CAG. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, to Tion Removal (Specify)	own or county) (State)
Burial 10/7/50 Holy Redeemer ben 4430 Bs	clair Rd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERALL DIRECTOR	San good
VS 150	Hoenne

NOT A MEDICAL EXAMINER'S CASE

. . D.

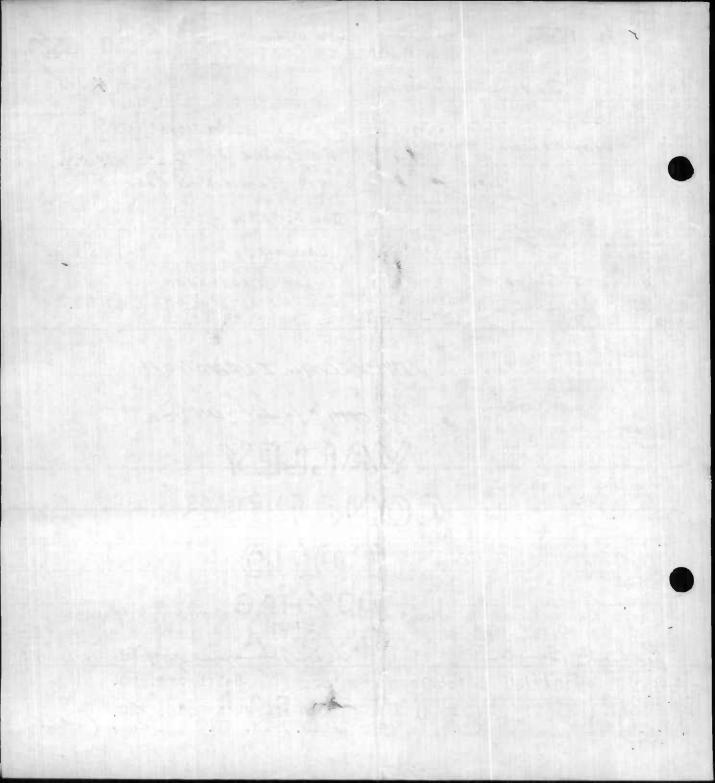
CHIEF OR ASS'T. MEDICAL EXAMINER

CI	(30,00
0	/
BIRTH	NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.			CERTIFICA	IE OF DEATH	registered	110,	
1. (T	NAME OF Di ype or Print)	DAN.	IEL T	: SMITH		2. DATE OF DEATH	r. 4,19	50
	PLACE OF DE Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. I	befo	residence ore admission)
H	OSPITAL OP	OF (If not in hospit		tion, give street address locatio		(If outside corporate lim	its, write RU	RAL and give township)
1	Langth of at	tay in Baltimore	LIPE	Yrs	o. STREET ADDRESS			<i>I</i>
-	SEX M	6. COLOR OR RACE	7. SINGL WIDOV	Day E, MARRIED, WED, DIVORCED (Speci	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Ionths Days	If Under 24 Hours Hours: Min.
worl	SALESMA			oring co.	W) BALTMORE,	Mp.	12. CITIZ WHAT	COUNTRY?
13	ANTO	N J. SAIT	A		14. MOTHER'S MAIDEN MARY KAV.			
(Ya	s, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date WW I	FORCES? s of service)	16. SOCIAL 217-01-931	Mrs. Isabel B	4 Marble Ha Smith	Appress.	
	18. 420	E OR CONDITION	DIRECTLY		OF DEATH			ANO DEATH
	(This does heart failu	not mean the mode of re, asthenia, etc. It mea	TH If dying, e. ns the diseas	8., (A) MYUC.	ARDIAL INF	ARCT/ON		
	ANTECEDENT CAUSES (B) CORONARY OCCUSSON							
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CORONAR (B) CORONAR (C)					20UVON		
CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
٦	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OP	ERATION		20. Y	NO D
EDICA		ENT WAS UNDER-		ACE OF INJURY (e. g farm, fectory, street, office bld		(If in Baltimore City,		
M		Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORL	Ε	JRY OCCUR?		
		certify that I att		deceased from and that death occ	3c7. / 1950, to urred at 5:22Am., from	Oct. 4, 195		
	23A. SIGNAT	ul Beac		M. D.	Wien Memo	rial Hospita	23c. DA	TE SIGNED
TLC	on REMOVAL (Si	10/7/5	0	Woodlawn Ce	metery Ba	LOCATION (City, town		
	ATE RECEIVED		SIGNATI	Milland A	HENHO SANDER BALTO, 13,	Sons, ANO	ADDRES	anley
	VS 150		£ Contract of the contract of	. 49	1163	/ 0	19	2 d



163 8524 correct age is especially important. Physicians: piease write the causes of hearn clearly and regiony.

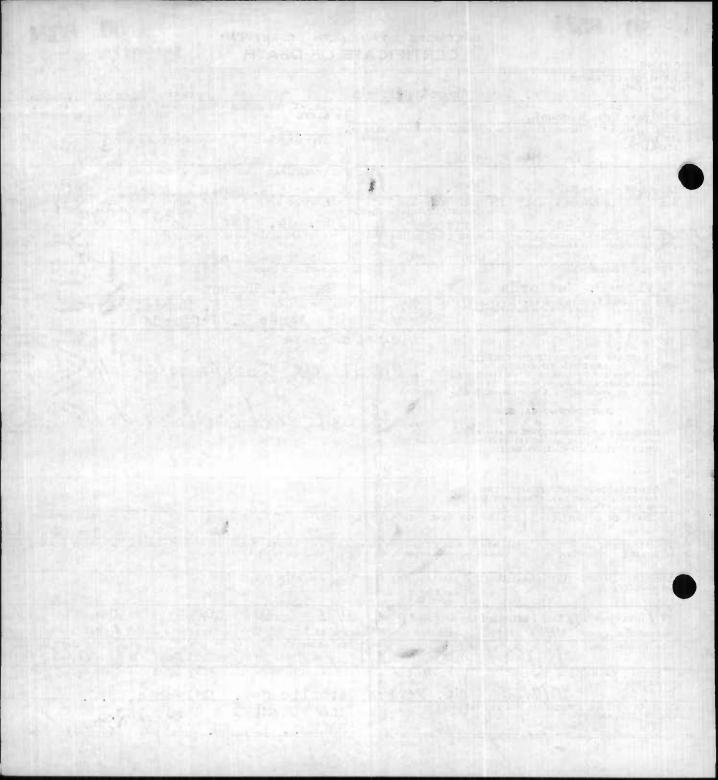
BALTIMORE CITY HEALTH DEPARTMENT

50 8524

BII	RTH NO.		CERTIFICA	IE OF DEATH	Registered N	0
1.	NAME OF D				2. DATE OF	
			James Thomas Jeffor			ber 4, 1950
A.		City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	institution: residence before admission)
HC	SPITAL OR	OF (If not in hospit	tal or institution, give street address location	· · · · · · · · · · · · · · · · · · ·	f outside corporate limits	write RURAL and give
IN	STITUTION	St. Joseph's	Hospital	Baltimore	2-11-1	township)
Th		O - T T OD OPIL D	Yr	D. STREET ADDRESS (1)	rural, give location)	
A.	Length of s	tay in Baltimore	40yr. Mo	s 501 E. Ran	dall Street	100
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mon	Under 1 Year If Under 24 Hours https: Days Hours Min.
_	Male	White	Married	Aug. 24, /89/	59	
10.	A. USUAL OC done during most of	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR	II. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Pipe F		Unemployed	South Carolin		USA
13	FATHER'S			14. MOTHER'S MAIDEN N		
		P. Jefford		Mary I. Huts		
(Yes	. WAS DECEASI , nn or nnknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT 504		Street
	no		1218-01-40	9 Mrs Agnes V.	Jeffords	
	18. 430	0 3 1	CAUS	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	1+.110 has	11.12 1	Λ.,
	(This does	not mean the mode oure, asthenia, etc. It mes	of dying, e.g., (A)	Tilbie besil	pheralemod	// 1 mg
	injury or	complication which	caused death.) DUE TO	√		
		ANTECEDENT CAUS	SES	tiple peril	d. and	141.
Z	DISEASE	S OR CONDITIONS, I	IF ANY, GIVING	ac 16 814 (6	ngocyogi	// /
ERTIFICATION	RISE TO T	THE ABOVE CAUSE (A)	STATING THE DUE TO			
0						
E		11			•••••••••••••••••••••••••••••••	
	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
U,			198. MAJOR FINDINGS OF OF	ERATION		20, AUTOPSY?
CAL		7				YES NO
EDIC	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e. about home, farm, factory, street, office ble		(If in Baltimore City, g	ive exact location)
Σ	21D. TIME	(Month) (Day) (Year)) (Hour) 21E. INJURY OCCU	RED 21F. HOW DID INJUF	Y OCCUR?	
	DF INJURY		m. WHILE AT NOT WH	LEM		
	22. I horoh	on certify that I att	tended the deceased from	10/2/ ,150 , to	10/4/ 1950) that I last saw the
		live on 10/4/	_1950, and that death oc			
	23A. SIGNA		X (?)	23B. ADDRESS	0 - CA	23c. DATE SIGNED
		1010) Velez M.D.	1400 IV. 50	atoling 8 y.	10/4/20
24 TIC	A. BURIAL, N, REMOVAL (S	CREMA- 24B. DATE	24C. NAME OF CEME	TERY OR CREMATORY 24D.	LOCATION (City, town,	or county) / (State)
	burial	10/7/5	St. Peters	Catholic Com.	Columbia, S	3. C.
LC	TE RECEIVE	D BY REGISTRAR	'S SIGNATURE	HE CHYSSANDEDOR	SONS, INC	ADDRESS
	OCT -	DIADA HI	ain - fr - William	BALTO. 13. MI	11/	Handen

VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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-1-4 1	NT.	

to ocor

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	No	
_	NAME OF D	ECEASED				2. DATE		
(T:	vpe or Print)	EVELYN M	AY FT	SHER		DEATH Oct.	3, 19	350
3. A.	PLACE OF D Baltimore (4. USUAL RESIDENCE A. STATE		institution:	
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institu	tion, give street address or location)		nd If outside corporate limit	s, write RU	
		onvalescing	Home		Baltimore	9-1	06	township)
				Yrs. Mos.	D. STREET ADDRESS (
		tay in Baltimore		Days	2743 Tivoly			
5.	sex F	6.COLOR OR RACE	WLDOV	E. MARRIED. VED, DIVORCED (Specify) TTIED	May 7, 1896	9. AGE (In years last birthday) Mo		Hours Min.
10	A. USUAL OC	CUPATION (Give kied of of working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZ	EN OF
6	eanst		Jail	ving Co.	South Caroli	na	USA	COUNTRIE
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
C	harles	Kidd			Lena Platt			
(Yes	. WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	213-01-6945	17. INFORMANT	Avehue Collum	DDRESS	
	18. 152	V		CAUSE	OF DEATH			AL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY			_	ONSET	AND DEATH
	(This does	LEADING TO DEA's not mean the mode of	f dying, e.	g., (A)	cicuornalo	rij		
		re, asthonia, etc. It mea complication which o					A ST	
		ANTECEDENT CAUS	ES	0.		1:		
NO	2105.05			(B) COL	cirona of	Africa		
OF.	RISE TO T	S OR CONDITIONS, I	STATING T					
V.	UNDERLY	YING CONDITION LA	ST.	(C)				
RTIFICA		11						
12		GIGNIFICANT CONDI						
CE	TO THE D	ISEASE OR CONDITION	CAUSING	IT				
ابا	19A. DATE C	OF OPERATION 0 1		FINDINGS OF OPER	ation require	1	1	AUTOPSY?
CA	214 ACCUE	1		ACE OF INJURY (e.g., i	A	(If in Baltimore City,	YES give exact	location)
IEDI		R CONTRIBUTING DEATH		farm, factory, street, office bldg.,				
	ID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		RY OCCUR?		
			m.	WHILE AT WORK				
	22. I hercb	y certify that I att	ended the	deceased from Qu	19 1 , 19 50 to			
deceased alive on 10/2, 1950, and that death occurred at 10 Am., from the causes and on the date sta								
	23A. SIGNA	TURE . 1	115-		23B. ADDRESS	10000	23c. DA	TE SIGNED
2.0	A. BURIAL,	CREMA- 24B. DATE	yron	M. D. 24C. NAME OF CEMETE	BY OR CREMATORY SAD	LOCATION (City, town	or county)	
TIC	N, REMOVAL (S	Specify	2					/
D/	burial	10/6/5		Moreland Me	morial Cemb B	altimore, Mo	ADDRES	s . /
	CAL REGIST		1/5/07	YUNGUTSINES	BALTO 13 M	& SONS, INC.	1 /	Jose
=	JUL - 3	3301	13/ 5-	1.0	DALITO,, 13, M.	o wing 1	· Nau	
	VS 150			633 6	16		0	46.2
				0-1	7			

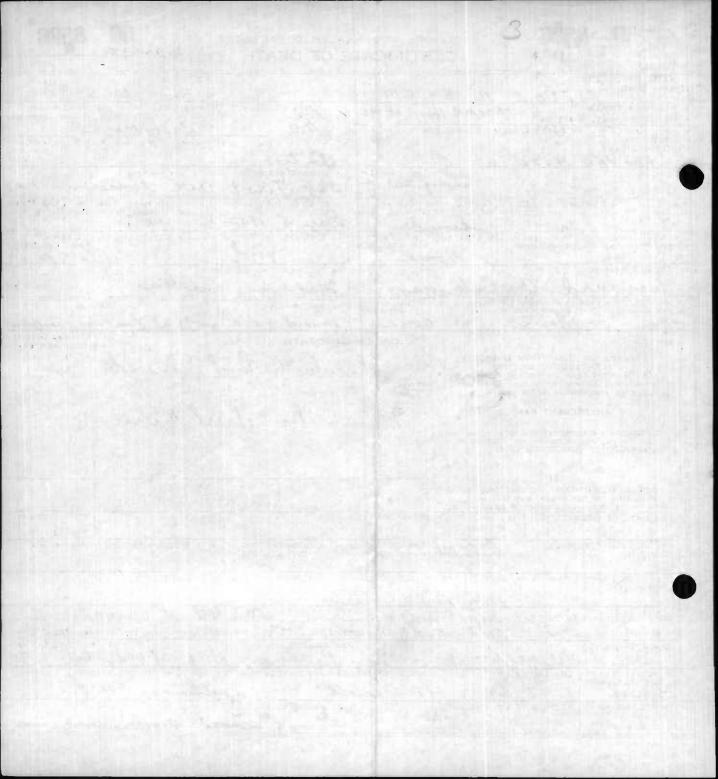
THE COURSE OF STREET The programme and programme and the second s

8526 BALTIMORE CITY HEALTH DEPARTMENT

correct age is especially important. Physicians: please write the causes of death cream; and itempty.

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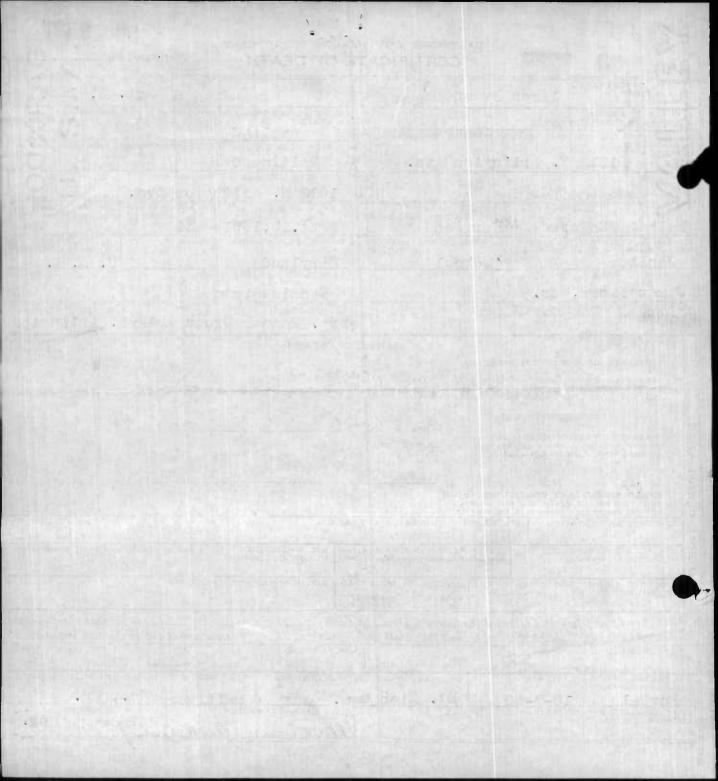
BI	RTH NO.		(CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	ECEASED				2. DATE	
	ype or Print)		m.	ECKMAN		0.5	4-50
3.	PLACE OF D	EATH: City, Maryland	therma	HOSP OFMD	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence
A.	Baltimore (Of Officer in hospite	al or institution	on, give street address or	A. STATE	Baltimor	before admission)
HC	SPITAL OR	OF (II not in nospiti	al of missivutt	location)		If outside corporate limits, w	
1		AN HOSP.	14	mo.	32 to	5300	township)
	winer	AN HUSP	01	O' O Yrs.	D. STREET ADDRESS (1	f rural, give location	_
6.	Length of s	tay in Baltimore	2	Mos. Days	328 First	ave. Janac	lown 727
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH		er 1 Your If Under 24 Hours
	F.	101	WIDOWI	ED, DIVORCED (Specify)	Dac. 5 1932	17 last birthday) Month	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF
WOIL	Mone during most of	of worklog life, even if retired)	9	INDUSTRY	md.		WHAT COUNTRY?
13	FATHER'S			10-00	14. MOTHER'S MAIDEN	NAME 00	C
	0 1 00	ard a.	Eck	man	Madeline &	Shelton	
	. WAS DECEASE , no or onkoowo)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	Ma.	Mone.		Mone	Thorard A. Ecken	an 328 first	ave . Landowne
	18. 401	1.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	10	0000.	000 0.0	DINSET AND DEATH
	(This does	LEADING TO DEA's not mean the mode of	TH of dying, e.g.	Suba	cute Bacteria	I Endocarditio	
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease				
	,				0	0.1	
z		ANTECEDENT CAUS	ES	(Rhey	matic Nes	ut Diverse	12744
9	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	G F DUE TO			
A	UNDERL	YING CONDITION LA	ST,	E DOE 10			
FIC							19-11-11-11-11-11
F	72	11		_ (C)			• • • • • • • • • • • • • • • • • • • •
ER	TRIBUTING	GIGNIFICANT CONDI	NOT RELATE	D			
0		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTØPSY?
A		7					YES ND
EDIC,		NT. SUICIDE.	21B. PLA	CE OF INJURY (e.g., i		(If in Baltimore City, give	
F	HOMICIDE	(Specify)	about home, fa	rm, factory, street, office bldg., e	stc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY			HILE AT NOT WHILE			
				WORK AT WORK	+ 28 .50	O. F 11 1050	2-4 7 7
	22. I hereby certify that I attended the deceased from August 28, 1950, to Oct 4, 1950, that I last saw the deceased alive on Oct. 4, 1950, and that death occurred at 3:05P.m., from the causes and on the date stated above.						
	23A. SIGNA		, 19 5 0, 0		3B. ADDRESS		23c. DATE SIGNED
	Sne	C. Mac	pany	pan M.D.	Lutheran A	Josp. of ond	Oct. 4, 1950
24	A. BURIAL,	CREMA- 24B. DATE	V	4c. NAME OF CEMETE	RY DR CREMATORY 24D.	LOCATION City, town, or	county) (State)
110	N. REMOVAL (S		50	Mt. aliv	et B	altimore m	14.
	TE RECEIVE	D BY REGISTRAR'	SSIGNATU		25. FUNERAL DIRECTOR	A	DDRESS
06	CAL REGIST	RAR L. Chin	戏。原	liante, Mr.	Lenge L. Selm	ab 2001 Fred	wick live
	VS 150		Ø		9		,



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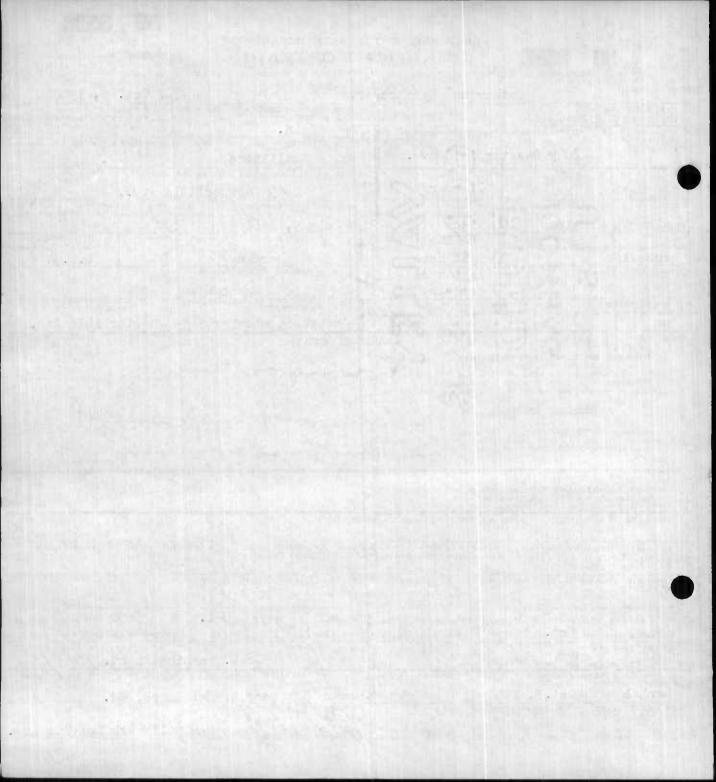
BI	RTH NO.	50 8527		CERTIFICAT	E OF DEATH	Registered N	0
1.	NAME OF D	Jame:	s Brown	n		of Oct.	3, 1950
Α.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution : residence before admission)
H	SPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		If outside corporate limits	, write RURAL and give
IN	STITUTION	1012 N. Ar	Lington	n Ave.	Baltimore	16-	() township)
				Yrs. Mos.	D. STREET ADDRESS		
-		tay in Baltimore		Days	1012 N. Arli		
	sex Male	6. COLOR DR RACE		:. MARRIED. ED, DIVORCED (Specify) ied	Sept.15.1891	last birthday) Mon	Under I Year II Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND		11. BIRTHPLACE (State or		12. CITIZEN OF
WOLE	Janito		Sch	INDUSTRY	Maryland		WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
	James B	rown, Sr.			Fannie Brow	m	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				SECONTIT NO.	Mrs. Hannah B	Brown 1012 N	· Arlington
	(This doe heart fails	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mee complication which	TH of dying, e. g ins the diseas	(A) UR	of death emia		INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO	ANTECEDENT CAUSES OR CONDITIONS, INTERPRETATION (A)	F ANY, GIVIN	1G	vie Clones	No Nephaitis	. 7
)							
늗		II		(C)			
ш	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATE	D			
U		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		D					YES ND
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., arm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
	1D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I herel	ou certifu that I at	tended the		/10 ,1950 to	10/3 ,1957	that I last saw the
	deceased a	live on 10/2	1950	and that death occu	rred at 8 19 A.m., from	the causes and on th	ie date stated above.
	234 SIGNA	TURE	1	1	238. ADDRESS	. /	23C. DATE SIGNED
	Jr. f	CREMA- 24B. DATE	nani	M. D.	60 / IV. LGE	LOCATION (City, town,	or county) (State)
TIC	BURIAL,	Specify)	San '		ENT OR CHEMATON! 24D.		
- D	Burial	10-7-5	SSIGNATU	Mt. Zion Ce	L25 FUNERAL DIRECTOR	timore	ADDRESS
	DCAL REGIST	PDAD .	7 / / /	Casile, Mari	25. FIDERAL DIRECTOR MONTANLES	W. Heusley	W. Biddle St.
7	vs 150	99		7708	V		1311



16-251

E-251			50	8528
The second secon		EALTH DEPARTMENT	Pogiatored	NT.
BIRTH NO.	ERTIFICATI	E OF DEATH	Registered	
1. NAME OF DECEASED (Type or Print) Catherine	Egenhoefer,		2. DATE OF O-1	7 1050
3. PLACE OF DEATH:	mgennoerer,	4. USUAL RESIDENCE (V		3, 1950
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution	give street address or	A. STATE	B. COUNTY	before admission)
HOSPITAL OR	location)		outside corporate limi	ts, write RURAL and give
2859 Chesterfield	Ave.	Baltimore,	2	-01 township)
c. Length of stay in Baltimore 71 ye	Yrs. Mos.	D. STREET ADDRESS (If		
5. SEX 6. COLOR OR RACE 7. SINGLE.	Days	8. DATE OF BIRTH	rfield Ave.	If Under 1 Year If Under 24 Hours
female white Widow	D, DIVORCED (Specify)	July 9, 1861	last birthday) M	onths Days Hours Min.
work done during most of working life, even if retired)	F BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME (last		14. MOTHER'S MAIDEN N.	AME	U De De Are
Welle	in,	unknow	m	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
no		Joseph Egenhoefer	,2859 Cheste	rfield Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Con	onay occl	un.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	endinged out	mffelm	7.177.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
, 19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER			20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLAC				YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm	E OF INJURY (e. g., in n,factory,street,office bldg.,e		If in Baltimore City,	give exact location)
FID. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURRE LE AT NOT WHILE ORK AT WORK	ED 21F. HOW DID INJURY	Y OCCUR?	
22. I hereby certify that I attended the de		1945, to Oc	t. 3 195	O, that I last saw the
	d that death occur	red at 1100 Pm., from t	he causes and on t	he date stated above.
234 GIGNATURE Rulls		3B. ADDRESS	Washington S	23c. DATE SIGNED
TION, REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	, or county) / (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		emer Cemetery,	Baltimore, M	ADDRESS
CT-51950 Lutanion Will	inula, Min	· Vermon Lemm	um. 4611 Par	k Heights Ave.

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~	T-400 BALTIMORE CITY H	EALTH DEPARTMENT	Posistanal Na	00007
ВІ	RTH NO.	E OF DEATH	Registered No.	
	NAME OF DECEASED Folly		OF Oct 3	-1950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	re deceased lived. If ins B. COUNTY	titution : residence before admission)
BHI	FULL NAME OF (If not inhospital or distriction, sycking a dress of STITUTION To a street or dress of STITUTION (Incation)	c. CITY OR TOWN (If our	tside corporate limits, w	vrite RURAL and give township)
C.	Length of stay in Baltimore 634n Yrs. Mos. Days	D. STREET ADDRESS (If rur	ral, give location)	1
7.	SEX 6.COLOR OF RACE 7. SINGLE, MARRIED, WILDOWED, DIVORCED (Specify	March 1874	AGE (In years of Und last birthday) Month	eil Year If Under 24 Hours Min.
worl	none	11. BIRTHPLACE (State or forei	gn country) 12	CITIZEN OF
13	righ I Fleagle	14. MOTHER'S MAIDEN NAM	Shaffer	
(Ye	(If yes, give wer ordates of service) 16. SOCIAL SECURITY NO.	Urchie + les	ale 10/4	ress himon ave
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	of DEATH	axoular	INTERVAL BETWEEN ONSET AND DEATH
	1-1	Distans.		30092
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Erio Jeleron	ū-	
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		YES NO
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.,	in or 21c. WHERE DID (If i INJURY OCCUR?	n Baltimore City, give	e exact location)
	11 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR P NJURY WHILE AT NOT WHILE M. WORK AT WORK		CCUR?	
	22. I hereby certify that I attended the deceased from deceased align on 21953 and that death occur		causes and on the	that I last saw the date stated above.
		23B. ADDRASS		7-5.50

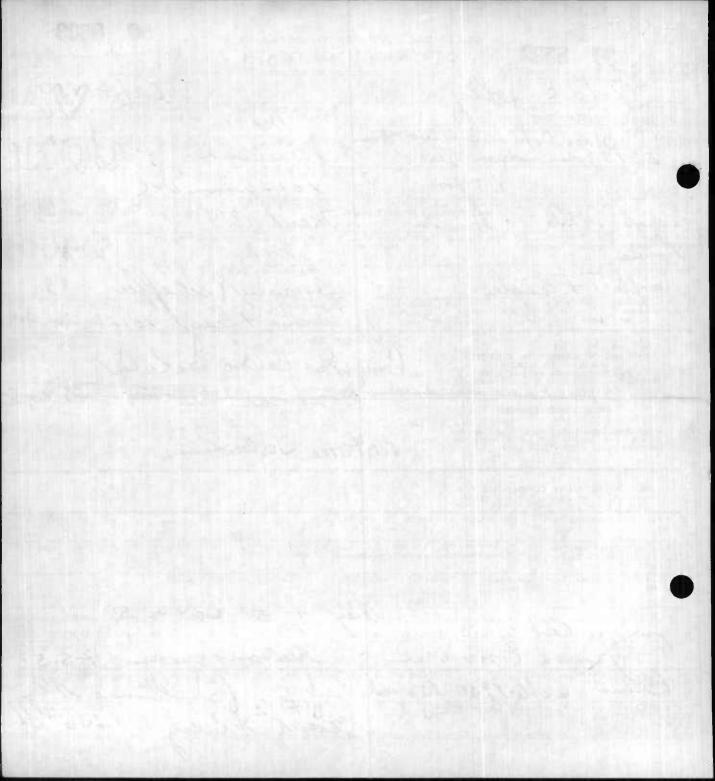
24c. NAME OF CEMETERY OR CREMATORY

HONE AL DIRECTOR

814436

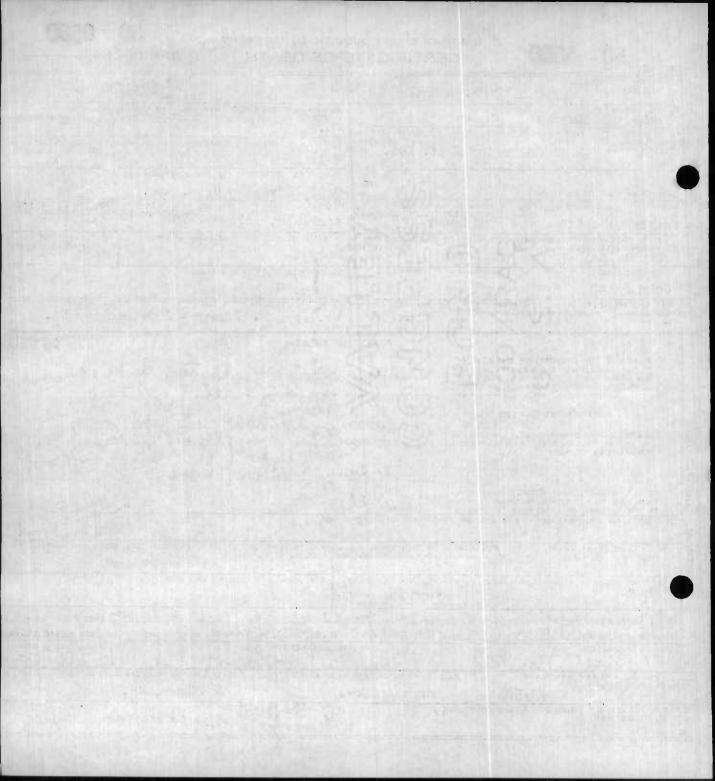
TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE



W-560

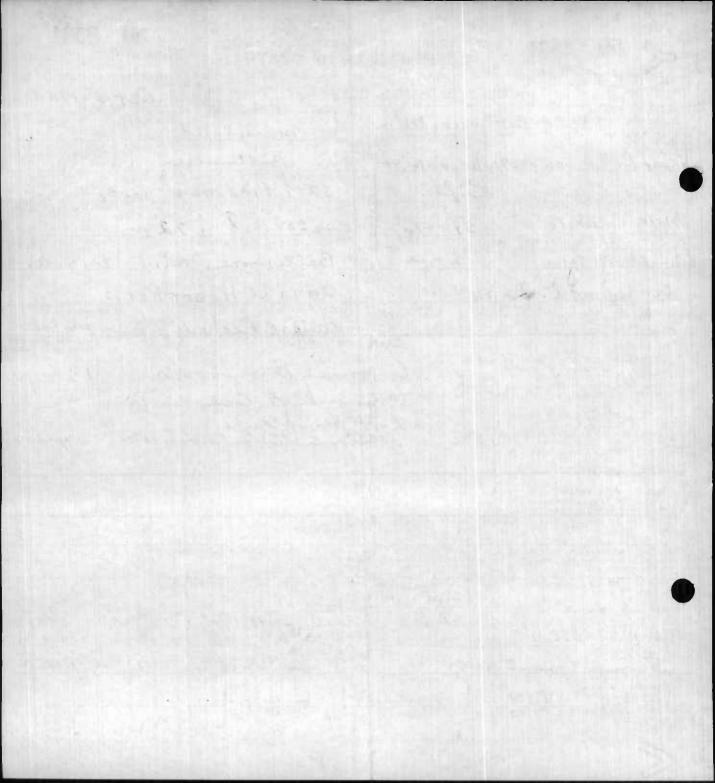
BI	RTH NO.	0 8530		CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D	ECEASED	IDA S.	WEHNER		2. DATE OF 10/4	/50
A.	PLACE OF D Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE A. STATE Md.	CE (Where deceased lived, B. COUNTY	lf institution; residence before admission)
HO	SPITAL OR STITUTION			Hgts. Ave.	c. CITY OR TOWN Baltimore	(If outside corporate lin	nits, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS		
		tay in Baltimore		Days	2333 Calverto		W. (. d.) V
5.	female	white	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) OWED	April 19, 187	9. AGE (In year) last birthday)	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	at ho	O OF BUSINESS OR INDUSTRY	Maryland	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	John Sm		4		14. MOTHER'S MAIDE Unknown	EN NAME	
15 (Yes	, no or unknown)	ED EVER IN U.S. ARMER (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Fred S. V	Wehner - 2604 I	ADDRESS Denison St.
IL CERTIFICATION	heart failuinjury or DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTIN TO THE C	LEADING TO DEA s not mean the mode of the asternia, etc. It mes complication which of the asternia section of the operation	of dying, e.; ins the disease caused death SES F ANY, GIVIE STATING TH AST. ITIONS CO. NOT RELAT CAUSING	OUE TO THE	officency of the state of the s	ply the Heat	nonda lis I moral temporal Jeans. 20 Mars (20. AUTOPSY?
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (c. g., i farm, factory, street, office bldg.,		(If in Baltimore City	yes No L
M	TO TIME	(Month) (Day) (Year	,,,,,	21E. INJURY OCCURR WHILE AT WORK AT WORK		JURY OCCUR?	
				and that death occur		com the causes and on	that I last saw the the date stated above 235. PATE SIGNED
Z. TI	Burial (S	CREMA- 24B. DATE Specify) 10/6/5		24c. NAME OF CEMETE Lorraine Cer		Woodlawn, Md	•
	ATE RECEIVE DCAL REGIST		S SIGNATI	JREU	25 FUNERAL DIRECT	icloner 4 sta	us = Vally
-	OT - 51	The state of the s	11 2 1 2 2 2	Villianis, St.	2777		mit.
1	VS 150		~ (1 - 1 - 1	77 Oct ALLE 8 //)[V		061.0



5-530

Re	gist	ered	No.	

ВІ	RTH NO.			CERTIFICA	IEC	PF DEAT	Н	regist	tered No.	
	NAME OF DEC		FERDI NA	ND CHARLES SN	MITH			2. DATE OF DEATH	10c+	4-1950
В.	FULL NAME OF	ty, Maryland 3	altime	ion, give street address	A. S	JSUAL RESID	ENCE (W		lived. If ins	stitution: residence before admission)
	STITUTION OME FOY	Incurables.	-700 lu-	location 4 0 14 5 +		Ba	eten	iore	15	write RURAL and give township)
Min. or other laws		y in Baltimore	Li	fe Mos	· · · · · · ·		ied >	rural, give loca nont	ave	
1	male	white	WIDOW	MARRIED, ED, DIVORCED (Speci	(y) au	4 25, /	878	720	rears If Un day) Mont	der I Year hs: Days Hours Min
RE	done during most of w tred Scho FATHER'S NA	JPATION (Give kind of rorking life, even if retired) of Teacher ME		OF BUSINESS OR INDUSTR		Baltyn Mother's MA	State or fo	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		what country?
15 (Yes	Ferdin WAS DECEASED , no or unknown)	and C. S. EVER IN U. S. ARMEI	mith FORCES? a of service)	16. SOCIAL SECURITY NO.	17.	INFORMANT	·Ha	pherk	Orn	DRESS
	20- 18. 420	OR CONDITION	DIRECTLY	CAUSE	OF	DEATH	tisel	ier R.h.	700 lo	INTERVAL BETWEEN ONSET AND DEATH
	(This does n heart failure,	EADING TO DEA' ot mean the mode of asthenia, etc. It mes emplication which of	TH of dying, e. g	e,	na	Thr	oml	rosis	D.	12 days
ICATION	DISEASES (NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) NG CONDITION LA	F ANY, GIVIN STATING TH		L He	mple	land grå Candi	is Vase	Dis.	3 4 240
CERTIF	TRIBUTING T	II NIFICANT CONDI O THE DEATH, BUT EASE OR CONDITION	NOT RELATE	D						
SAL	19A. DATE OF	OPERATION 0	98. MAJOR	FINDINGS OF OP	ERATIO	N			1100	YES NO
MEDICA	21A. ACCIDEN LYING ☐ OR C CAUSE OF DE	T WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g arm,factory,street,office bld		21c. WHERE I		f In Baltimore	e City, give	e exact location)
	F INJURY	onth) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK	LE	21F. HOW DIE	INJURY	OCCUR?		
	deceased aliv	e on Oct. 4	ended the	deceased from Va	urred	113 13 a.m.	8, to Oc., from the		d on the	that I last saw the date stated above.
24	23A. SIGNATU	as Coma	TWOR	M. D.	11 E. C	lesse Uli. 1	Balte	CATION (Cit	15.	23c. DATE SIGNED 10/4/1950 (State)
TIC	N. REMOVAL (Spe Burial ATE RECEIVED	10/7/5	0	Loudon Parl	2		Balto)., Md.		
	CAL REGISTRA	AR	3° 46'5'.	7	12	M.	Vie	lover &	Har) = Dall
	VS 150	Turk	14/02/14	Marite, 110	93	8V 1			- (593d

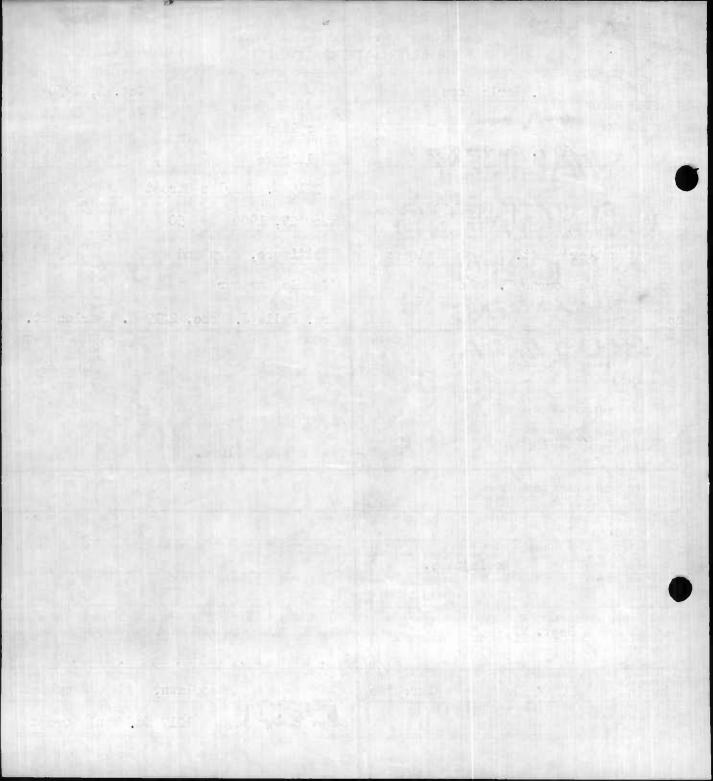


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11-	L	0	0	
BIRTH	NO			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_

BI	RTH NO.			CERTII TOATI	- OI DEATH		
	NAME OF D		arle Ro	ise		2. DATE. OF OCT	. 4, 1950
	PLACE OF D				4. USUAL RESIDENCE A. STATE		
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit 2219 N. C		ion, give street address or location) Street		If outside corporate limi	ts, write RURAL and give township)
				Yrs.	Baltimore D. STREET ADDRESS (lf rural, give location)	00
	Length of s	stay in Baltimore		Mos. Days	2219 N. Char		
	male	6.COLOR OR RACE	marri		March 27, 1900	50	onths Days Hours Min.
#orl	done during most	cutter - Ret.		of Business or INDUSTRY Business	Baltimore, Ma		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S		T D		14. MOTHER'S MAIDEN		
_		Welbourne			Jennie Larmou	r	
(Ye	i. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMET	FORCES? of service)	16. SOCIAL SECURITY NO.	Mrs. Julia J.		Charles St.
	18. T2.	CX		CAUSE	OF DEATH		INTERVAL BETWEEN
	0,	SE OR CONDITION	DIRECTLY				DNSET AND DEATH
	(This does	LEADING TO DEAT	TH f dying, e.g	Pulmona	ary fibrosis		Several
	heart failt	ure, asthenia, etc. It mea complication which	ns the discas-	e,			years.
	- 5100	ANTECEDENT CAUS	ES				
Z				(B) Pulmona	ry emphysema.		
은	RISE TO T	S OR CONDITIONS, I	STATING TH	IG IE DUE TO			
RTIFICATION	UNDERL	YING CONDITION LA	ST.	(c) Right-S	sided heart fail	ure.	
F		11					
CERT	TRIBUTING	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	None None			
	19a. DATE (9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIE LYING□ O CAUSE OF	DENT WAS UNDER-		CE OF INJURY (e. g., i		(If in Baltimore City,	give exact location)
Σ	1D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	by certify that I att	ended the	deceased from Dec	ember 20,19 45 to S	September 229	Q that I last saw the
			2,19.50	and that death occur	red at 12 A.m., from	the causes and on	the date stated above.
	23) SIGNA	TURE! WA	e se		1 E. Chase St.,	Balto. 2, Md.	10.5.50
24 TI	AA. BURIAL,			24c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town	n, or county) (State)
_	DUTIAL ATE RECEIVE	10/7/50		Lorraine	25 FINTERAL DIRECTOR	Woodlawn,	Maryland
	DCAL REGIST	TRAP	TOV / / /	1 W 147 1	I'm look Inc	1217 St.	Paul Street
1	51951		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	× 10.00.0.1/1].	/ 1		
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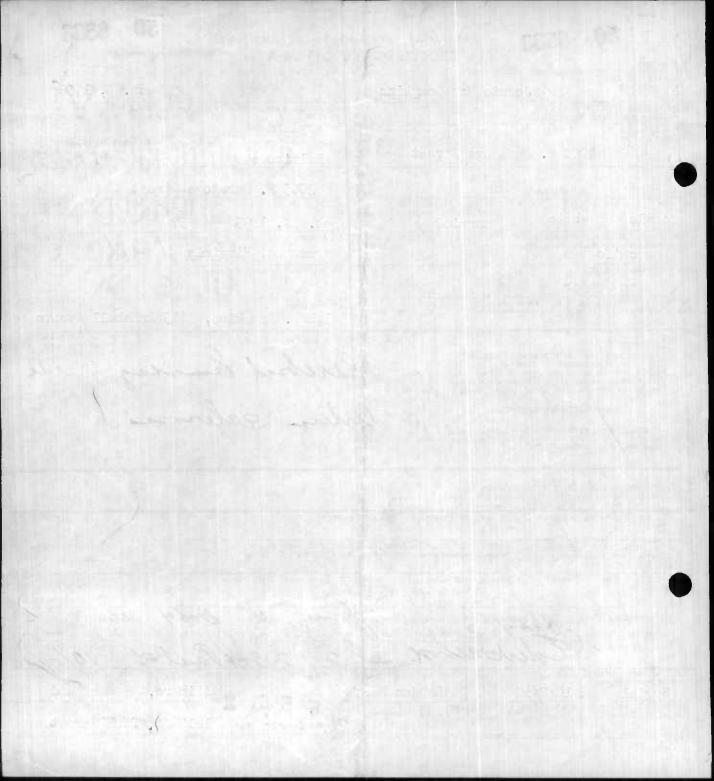
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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2424	5.07%	THE RESERVE

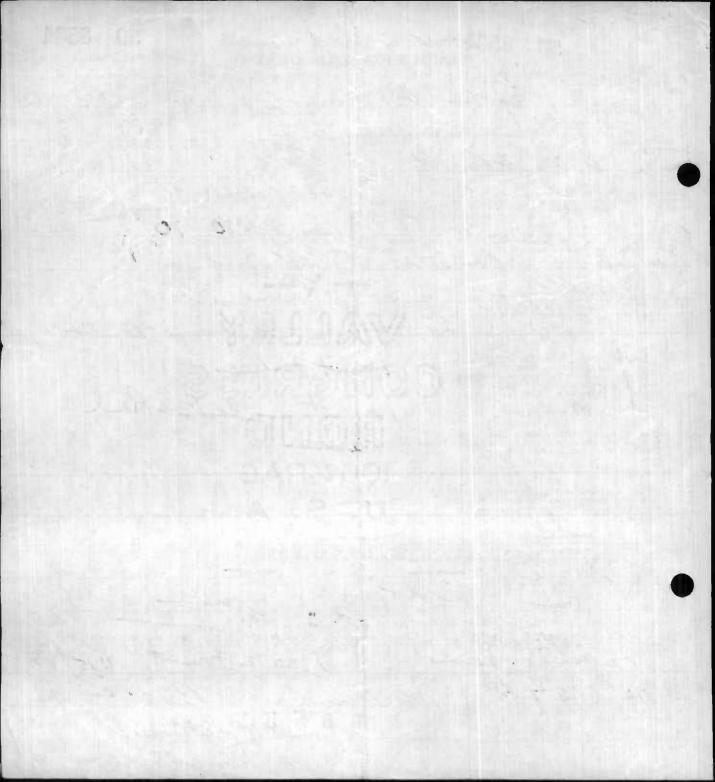
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BIRTH NO. CERTIFICAT	E OF DEATH Registered No			
1. NAME OF DECEASED (Type or Print) Jennie Mae Tompkins	2. DATE OF Oct. 4, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deccased lived. If institution: residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 2005 W. Saratoga Street				
C. Length of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2005 W. Saratoga Street			
female 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Peb. 14, 1893 9. AGE (In years if Under 1 Year Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warrenton, Virginia			
13. FATHER'S NAME Sam Soaper	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT Ralph P. Tompkins, 1615 Annabell Avenue			
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Eubrel Kemmeg 'da viteri Schron			
. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
218. PLACE OF INJURY (e.g., in about home, farm, fectory, street, office bldg., cause of Death	n or 21C. WHERE DID (If in Baltimore City, give exact location)			
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from.	21F. HOW DID INJURY OCCUR? 1980, to Doly, 1980, that I last saw the rred at 30 m., from the eauses and on the date stated above. 23B. ADDRESS 23C. DATE, SIGNED			
24a. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETE 10N, REMOVAL (Speciety burial 10/7/50 Loudon Park LOCAL REGISTRAR REGISTRAR'S SIGNATURE 10 CT = 51 50 Per 100				
VS 150				



-552 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A_STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) /Yrs D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 50 Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED If Under 1 Year 9. AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give Lind of) M. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Tent. Laterer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME - our 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 16-09-423 4421 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FICA (C) RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES DIC 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT UNOT WHILE AT WORK 1950 22. I hereby certify that I attended the deceased from. _____, 19___, that I last saw the 7. 36 Am., from the eauses and on the date stated above. deceased alive on 05.3, 1950 and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county TION, REMOYAL (Specify) DATE RECEIVED BY 1 25 FUNERAL DIRECTOR turbicator Millerich REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

70241011 M. Colington an

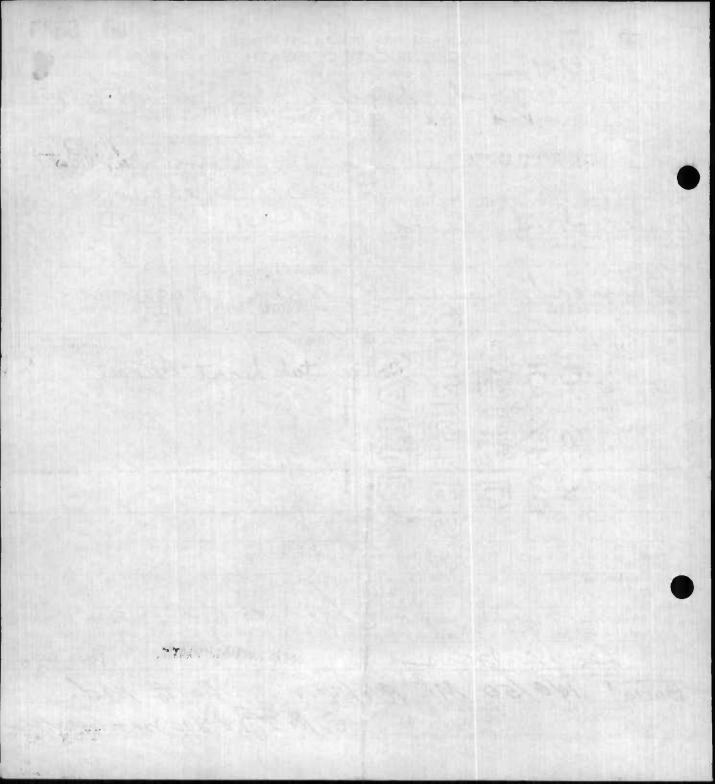


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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.____

В	IRTH NO. 50-16739	CERTIFICATI	E OF DEATH	Registere	u No
1.	NAME OF DECEASED (Type or Print)	d Lan	1.	2. DATE OF DEATH OF	t 4 1950
	. PLACE OF DEATH: . Baltimore City, Maryland	H11448	4. USUAL RESIDENCE (If institution: residence before admission)
B.		cution, give street address or location)	C. CITY OR TOWN	120	mits, write RURAL and give
7	THE ROPERS HOSPITA	Value and the second	5300 N	undal	Le Gownship)
	I amount of the second to The late	Yrs. Mos.	D. STREET ADDRESS	rural, give location)	1 4
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SING	Days LE. MARRIED.	8. DATE OF BIRTH	9. AGE (in years	H Under I Year If Under 24 Hours
10	male Colored Will	OWED, DIVORCED (Specify)	8-4-50	last birthday)	Months Days Hours Min.
WOF	k done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	0	14. MOTHER'S MAIDEN N	NAME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMACIS HOPE	INS HOSPITAL	ADDRESS
CERTIFICATION	18. DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	(A)	of DEATH	tdise	INTERVAL BETWEEN ONSET AND DEATH
AL	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY7
IEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hom	LACE OF INJURY (e. g., in e.farm,factory,etreet,office bldg.,e	21c. WHERE DID to.) INJURY OCCUR?	If in Baltimore City	y, give exact location)
M	10. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereby eertify that I attended th			0-4-,19	50, that I last saw the
	deceased alive on 0 - 4 -, 19 &	and that death occur		the causes and on	the date stated above.
	29A. SIGNATURE W. B.	ass. M. D.	3B. ADDRESS HUYLLA	PASSITAL	19-4-50
TH	Buria Specify 146/50	MT. Au	RY OR CREMATORY 24D. I	Balto.	wn, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRECTOR	A	ADDRESS
	- c 1050	94/E. U 11	C Ro Tacy	802 50	adison a



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF I'f not in hospital or institut eet address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MORE Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 5 SEX 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year Hours Min. COLOR OR RACE 8. DATE OF WIDOWED, DIVORCED (Specify) MARRICO 1905 20-10A. USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Delivery Clerk raddockuille 13. FATHER'S NAME or 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokoown) (If yes, give wer or dates of service) 16. SOCIAL INFORMANT **ADDRESS** (Yes, oo or uokoown) SECURITY NO NTERVAL BETWEEN 20.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF CPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

24c. NAME CEMETERY OR CREMATORY

23A. SIENATURE

24B. DATE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 151

and death in my opinion resulted from: natural causes [, accident [, suicide [, homicide [, undetermined [].

23B CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

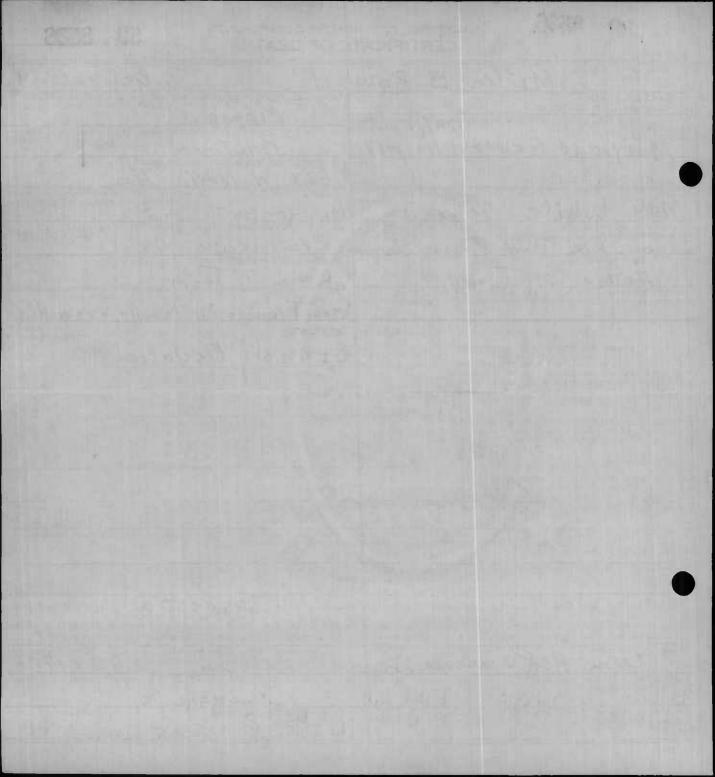
25. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

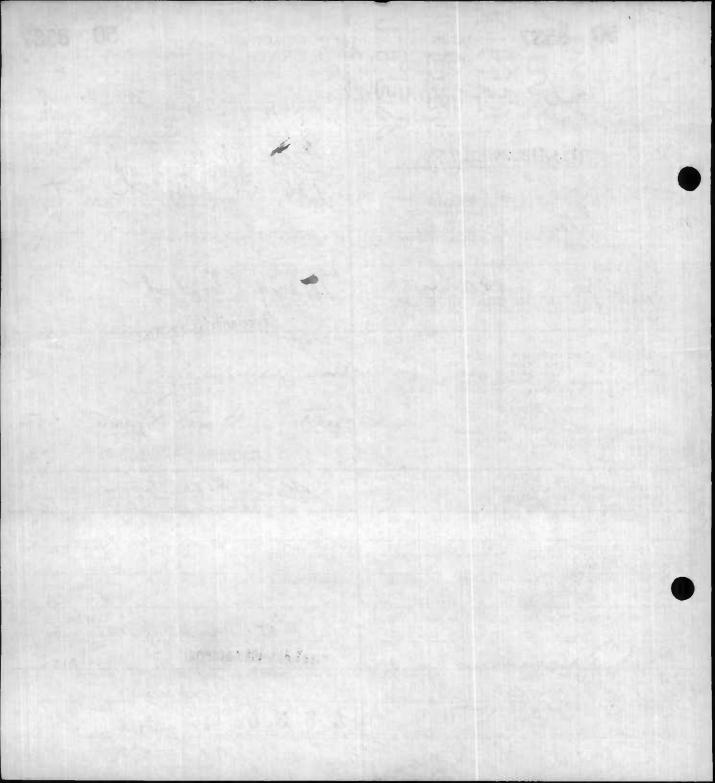
-O MANCOCK

township)

If Under 24 Hours



H500 See	Sure .
50 8537 BALTIMORE CITY HE	FO 0
CERTIFICATI	
BIRTH NO. V	A DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
3. PLACE OF DEATH:	hn October 5, 1950
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	
INSTITUTION location location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	muck (601)
Yrs. Mos.	o. STREET ADDRESS) (If rural, give location)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	126 C. Klouch of
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year II Under 24 Hours last birthday) Months: Days Hours Min.
may while	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rach tam	Mary Elizabeth
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL (Yee, no or unknown) Alf yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	ONES HOPKING MOCKET
18.754,4 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	2101 20.101
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	
C	agental George Vican som
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
	OERITITO/TITOTE TO THE TOTAL OF
OTHER SIGNIFICANT CONDITIONS CON-	No a Kake carles
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.	A Carry Co 1000
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
	YES NO X
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	
	te.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
F INJURY MHILE AT NOT WHILE MORK AT WORK	
22. I hereby certify that I attended the deceased from	
deceased alive on, 19, and that death occur	
	38. ADDRESS 23c. DATE SIGNED
2, A. Namueman M.O.	JONES HOPKINS HUSPITAL 1-1515-
	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burst 10.6.1958 Duns	Trederick Mil
DATE RECEIVED BY REGISTRAR'S SIGNATURE /	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	of the signal wood hedow he mad
VS 150 0 0 0	The state of the s
The d. Ex case 10	the approved 1570



CERTIFICATE OF DEATH Registered I	10
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	A 4-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE A. STATE B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR JOWN (If outside corporate limit	s, write RURAL and give
INSTITUTION 403 W Pratt St. Baltimore 3	township)
c. Length of stay in Baltimore Yrs. Nos. The stay in Baltimore Yrs. And the stay in Baltimore Yrs. And the stay in Baltimore Yrs. And the stay in Baltimore	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years)	M Under I Year If Under 24 Rous onths Days Hours Min.
104. USUAL OCCUPATION (Givekiddof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, over if retired) Contractor Carroll County	WHAT COUNTRY?
13. FATHER'S NAME . 14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	
(Yos, pd r unknown) (If yes, give war or dates of service) SECURITY NO.	403 W CANT
18. 420.) CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	7/
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1 mous.
injury or complication which caused death.) OUE TO	- 10
z ANTECEDENT CAUSES (B) Language an large other of lane	5 3-5/1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City,	give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 1948, 19, to 16-4-50, 19	, that I last saw the
deceased alive on 2 3 - 50, 19 and that death occurred at 3 0 f.m., from the causes and on t	
23A. SIGNATURE 23B. ADDRESS Val. DLA	23c. DATE SIGNED
24A, BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24O. LOCATION (City, town TION, REMOVAL (Specify)	, or county) (State)
DATE RECEIVED BY REGISTRATES SIGNATURE 25. QUINERAL DIRECTOR	ADDRESS .
LOCAL REGISTRAR DCT - 6 1950 A F F Williams Signal Signa	602 Wash,
VS 150	ail Bus
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M M 141329 BALTIMORE CITY HEALTH DEPARTMENT

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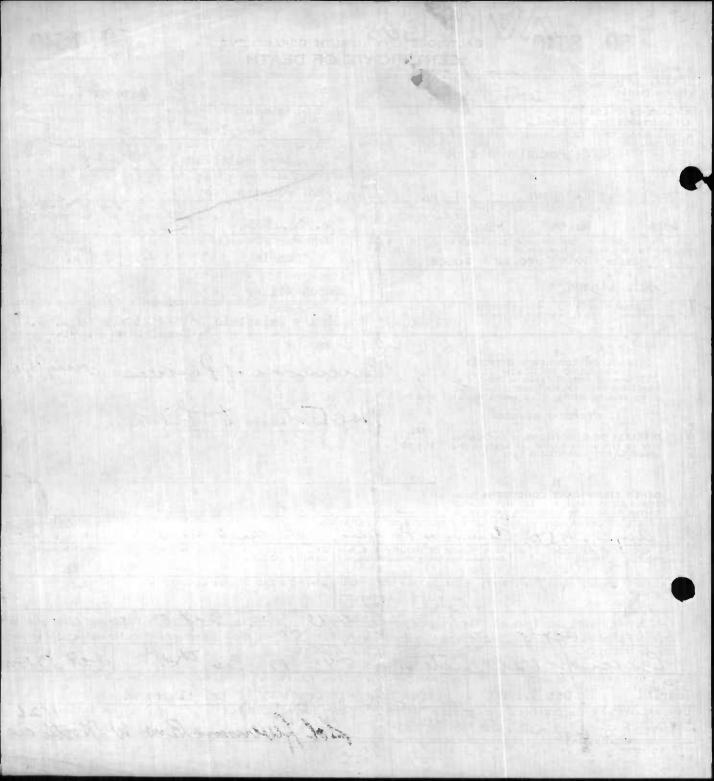
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered .	No.
	NAME OF C	ECEASED	9.5			2. DATE	
<u> </u>			y Ward			DEATH Sept	ember 4, 1950
	Baltimore	City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. In B. COUNTY	f institution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or	1]		
IN	STITUTION	Baltimore Ci 4940 Easter	n Ave	itals location)	C. CITT ON TOWN (II		ts, write RURAL and give township)
2		17.10	21 227 0 8	Yrs.	Baltimo		0.3
	Longth of s	tay in Baltimore	10	Mos.		dhill Ave.	
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year H Under 24 Hours
	Fem le	Negro		VED, DIVORCED (Specify)	?	last birthday) M	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
WOI	w done daring most	of working life, even if retired)	ide	INDUSTRY	North Carolin	a	WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	0	and and	13		- Carlo	V-1-12	
15 (Ye	5. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				SECORITY NO.	Records B.C.H. 49	40 Eastern I	Ave.
	18. 601	χ.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					More than.
	(This does	not mean the mode of	f dying, e.		ephritis	one month!	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
		ANTECEDENT CAUS	ES	Rilata	ral Hydronenhrosi		More than
Z	DISEASE	S OR CONDITIONS, I	F ANY. GIVII	(6)	rat maronemirosi	***************************************	one month
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CERTIFICATION APPROVED BY						
C	CERTIFICATION APPROVED BY DR. C.J. LUBINSKI						
RTIFICATION	Parallal.	STATE OF THE STATE			12/2	alue	
ER	OTHER S	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	TIONS COL	N. ED	per: // No	THE STANDARD	
U				T. FINDINGS OF OPER	OHEF OR ASST. ME	BICAL EXAMINER.	1
AL	ISA. DATE C	OF CRATION V	SB. MAJOR	FINDINGS OF OPEN	KATION		20. AUTOPSY?
DICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., i		f in Baltimore City,	give exact location)
ш	CAUSE OF	R CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	TID. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
L	INSORT		m.	WHILE AT NOT WHILE			
3	22. I hereb	y certify that I att	ended the	0	19 to	9-4- 195	o, that I last saw the
		live on 9-4		and that death occur			the date stated above.
	23A. SIGNA	TURE	17		3B. ADDRESS		23c. DATE SIGNED
	0.000		10	782 M.D.	49-0 Eastern Ave		9-7-50
TI	44. BURIAL. ON, REMOVAL (S	Specify) 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	2 5 1950	o, or county) (State)
	ATE RECEIVE		SSIGNATI	RE. CO. C.	25. FORESAL OFFICE OF	Haalth	ADDRESS
	- 0 10	En libertu	a love 11	ministration 1991.	COMMERCE VINA VI	TANKETT.	
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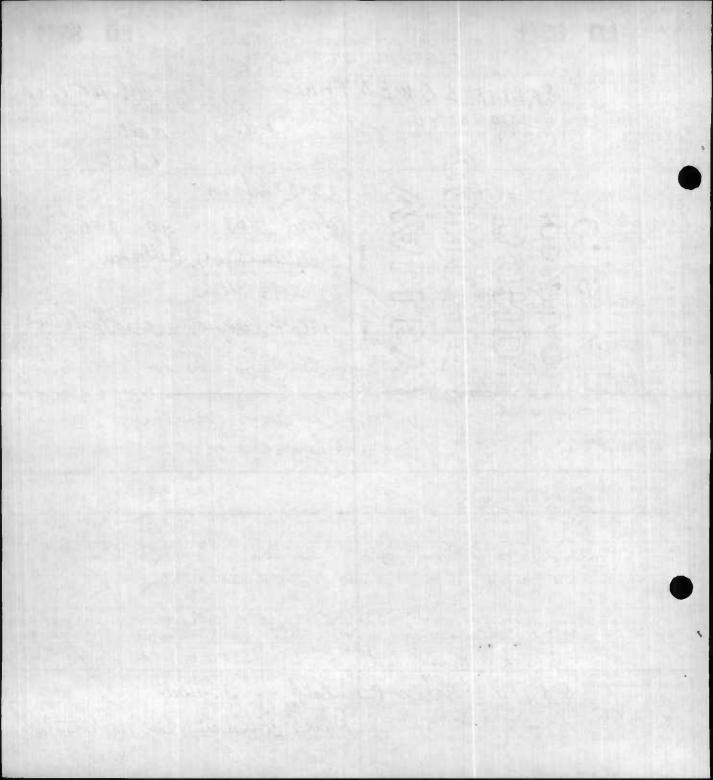
BIRTH NO		CERTIFICATI	E OF DEATH	Registered I	Vo.		
1. NAME (Type or P	of DECEASED rint) Israel Li	pman		OF DEATH Octo	ober 5,1950		
	OF DEATH: ore City, Maryland AME OF (If not in hospital or institut	ion, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
HOSPITAL	OR	location)		outside corporate limit	ts, write RURAL and give township)		
Langth	of stay in Baltimore 4	Yrs. Mos.	D. STREET ADDRESS (If a 3231 Pohatan Av				
5. SEX	6. COLOR OR RACE 7. SINGLE WIDOW	4 Yrs Days E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year I Under 24 Hours onths Days Hours Min.		
work done duri	White Fingl L OCCUPATION (Give kind of gmost of working life, even if retired)	OF BUSINESS OR	Dec. 23, 1896 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	sman Whole Grocer & F	oods	Russia 14. MOTHER'S MAIDEN NA	AME	USA.		
	is Lipman		Sarah Miller				
(Yes, no or un	CEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	215-TO-9931	Minnie Weinstein				
NO DIS RISI	LEADING TO DEATH s does not mean the mode of dying, e.; t failure, asthenia, ctc. It means the disease ry or complication which caused death ANTECEDENT CAUSES EASES OR CONDITIONS, IF ANY, GIVIT TO THE ABOVE CAUSE (A) STATING TO DERLYING CONDITION LAST. II IER SIGNIFICANT CONDITIONS CON SUITING TO THE DEATH, BUT NOT RELATINE THE DISEASE OR CONDITION CAUSING I	(C)	etastases to	- Liver	5 000g 19, 1958		
19A. D	lug 2, 1950 Care	FINDINGS OF OPER	, metastrees &		20. AUTOPSY?		
ID. T F IN.	ME (Month) (Day) (Year) (Hour) URY m. mercby certify that I attended the med alive on CYS, 1950, GNATURE	and that death occur	ED 21F. HOW DID INJURY Ly 13, 1950, to G rred at CAm., from ti 38. ADDRESS SYST W 36	Dex 3, 195 he causes and on t	A that I last saw the he date stated above.		
Buria DATE REC	VAL (Specify) Oct 6,1950	Hebrew Rosed		ocation (City, town alrtimore Md	ADDRESS // 26		
OCT	-61950 Thutwater H	distulting	Sol feverson	n+ Bro 4) north are		
VS	50	490 6	3		0469		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	No

ВІ	RTH NO.	E OF DEATH REGISTERED NO.	
(T	NAME OF DECEASED SALLIE LOWEN	THAL 2. DATE OF DEATH OF A	141950
A.	Baltimore City, Maryland 2210 Parks Cur	A. STATE B. COUNTY	itution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	c. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
A	A	BATTO. 13-0	township)
	Yrs. Mos.	D. STREET ADDRESS (If sural, give location)	
	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Unde	r'l Year If Under 24 Hours
P	emale white WIDOWED, DIVORGED (Specify)	Tely. 28, 1869 last birthday Month	d Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	acolo Rubin	Setter Stern	
15 (Yes	. WAS DECEASED WER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	aslean
	18. 420.1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ion ary Thembosis	2) days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>Y</i>
	ANTECEDENT CAUSES	-1 1 1 -	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	ute virus vinchilos	
CATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	lerio & clerosio	
FIC	(C)		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.		
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8., i	n or 21C. WHERE DID (If in Baltimore City, give	YES NO
MED	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	INJURY OCCUR?	exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY		
	m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 22 3 1950 and that death occur	19 29 , 1950, to 00 4 , 19 19 to	hat I last saw the
	, 13 - and that death octa	23B. ADDRESS 1 0/1 2	3c. DATE SIGNED
24	A. BURIAL OREMAN 24B. DATE 24C. NAME OF CEMETE	# 3/6 Medical Cille 12 dg B	county) (State)
	MREMOVAL (Specify) Oct 6/50 Hebrew Ese	andslife palaticle	
LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	AL FUNERAL DIRECTOR	OF MI
=	OCT - 6 1950	Naved Soucheous you 1902	Tullett (S)



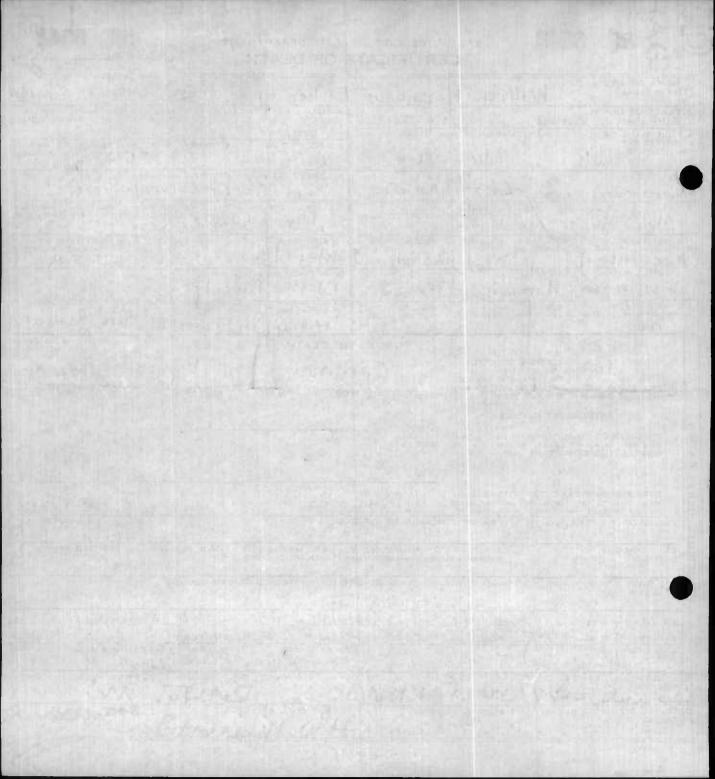
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Registered	No

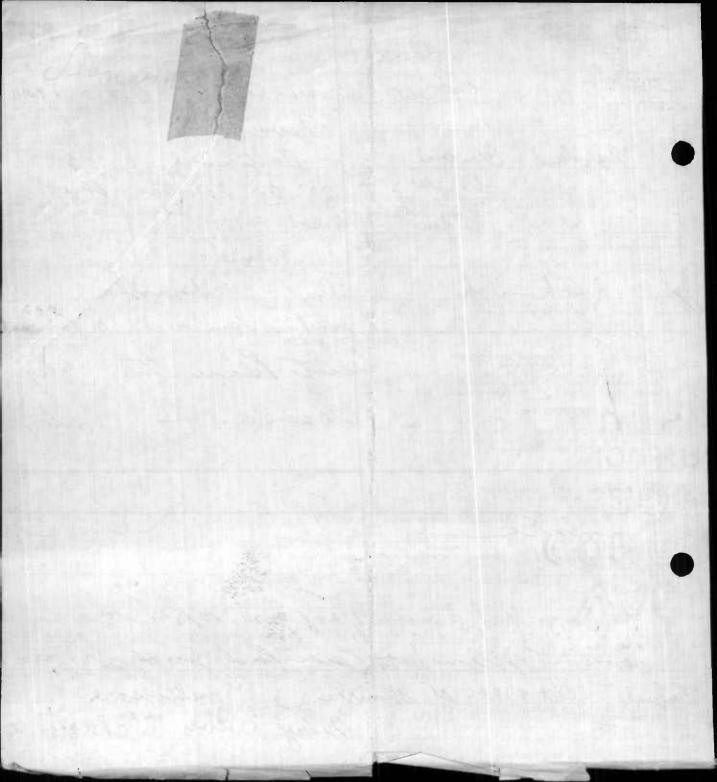
В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No.			
1.	NAME OF DECEASED William	Harmanus	Fisher Jr	2. DATE Octo	ber 5, 1950		
	PLACE OF DEATH: Baltimore City, Maryland 1616	N. Calvert St	4. USUAL RESIDENCE (W		stitution: residence before admission)		
H	FULL NAME OF (If not in hospital or institu OSPITAL OR ISTITUTION	location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give township)		
J.A.	VOIG : COLL COLLE	Yrs.	Baltimore D. STREET ADDRESS (If I	rural, give location)			
	Length of stay in Baltimore 64 yr	s Il mos 251. Mos. Days	1616 North	Calvert Si	treet		
5	MIDO!	LE, MARRIED, WED, DIVORCED (Specify)	September 11, 1885	9. AGE (in years if the last birthday) Month	der I Year If Under 24 Hours has Days Hours Min.		
WOR	A. USUAL OCCUPATION (Give kind of 10B. KIN a done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?		
_	B. FATHER'S NAME	ino Equipment	14. MOTHER'S MAIDEN NA	AME	U. S.A.		
	William Harmanus	Fisher Sr.	Edith Ridge	ly			
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (a) no or upknown) (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		PRESS		
	No		William H. Fi	sher III 1611	6 14. Calvert St.		
-	18. 163X	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.	Car	rcinoma of	Lun65	three Mont		
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
_	ANTECEDENT CAUSES						
ON	DISEASES OR CONDITIONS, IF ANY, GIV	(B)		•••••••••••••••••••••••••••••••••••••••			
CAT	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	THE DOE TO					
IL	n	(c)					
ERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED Viah	etes		ten Years		
L			RATION		20. AUTOPSY?		
CAL	21a. ACCIDENT, SUICIDE, 21B. PL	ACE OF INJURY (o. g., i	n or 21c. WHERE DID (I	f in Baltimore City, give	YES NO V		
MEDI	HOMICIDE (Specify) about home	o, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	i in Bantimore Only, giv	e exact location)		
	ID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	m.	WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the		tober 3, 1950, to 0				
	deceased alive on October 5, 19 50		rred at 4 m., from th	he causes and on the	date stated above.		
	Henry Beatty n	ilson M.D.	1214 Eutaw Pi	ace Ballo St.	10.5.50		
N N	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	ARK WI	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)		
LOL	ATE RECEIVED BY REGISTRAR'S SIGNAT	DRE -	25. RUNEGAL DIRECTOR	203	The Colour		
-	1 0 1330 market	110000000111100	1.0.11000	23/2			

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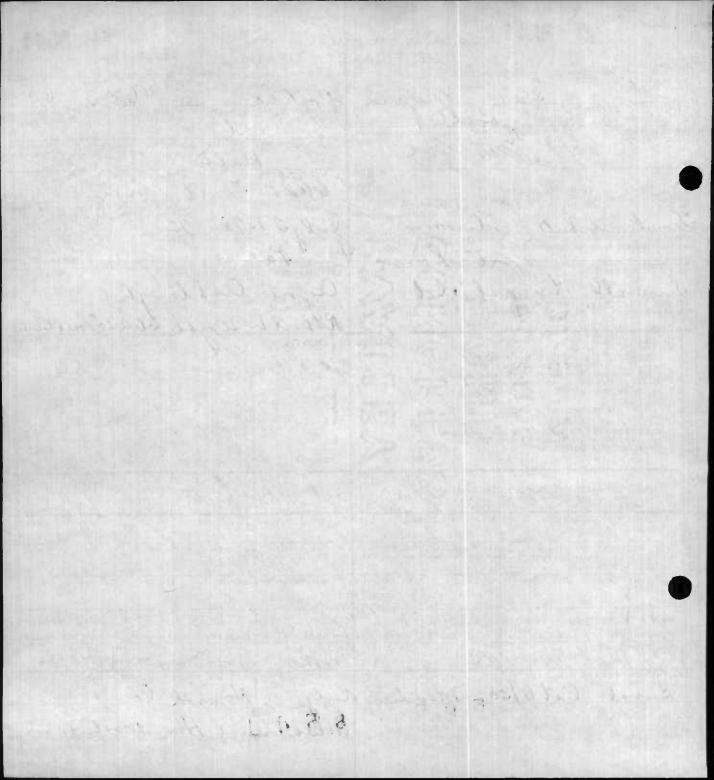
CERTIFICATE OF DEATH Registered No								
	NAME OF DECEASED (ype or Print) MRS. STELLA W	lisniewski Det 5 195	0					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admiss						
В.	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		give					
	THUTION Manyland General	Battimore 1-02 towns						
C.	Length of stay in Baltimore 67 Fear 1 Mos. Mos. Days	502 S. Potomac Street						
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years It Under 1 Year It Under 24						
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
wor	k done during most of working life, even if retired) INDUSTRY		TRY?					
	D. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
To an	a, nn or unknown) (If yee, give war or datee of service) SECURITY NO.	7. INFORMANT ADDRESS AAS	=					
	s, nn or unknown) (11 yes, give war or dates of service) SECURITY NO.	Josephine Lambrecht D. Paton	ial					
	DISEASE OR CONDITION DIRECTLY	OF DEATH						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	ente Muerialita 4dey	0					
	injury or complication which caused death.) DUE TO							
Z	Z ANTECEDENT CAUSES (B) Ullima Ida							
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
FIG	(C)							
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
Ū	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPS	Y 7					
ICAI	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (6. 8. 1.	in or 21c. WHERE DID (If in Baltimore City, give exact location)						
	LYING OR CONTRIBUTING about home, farm, factory, street, nffice bldg., CAUSE OF DEATH							
7	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE							
Cian	m. WORK AT WORK 22. I hereby certify that I attended the deceased from 2	24 , 1952 to 10/5-, 1952, that I last sau	n the					
dea	deceased alive on 10/5/, 1960, and that death occur	rred at 7-300m., from the causes and on the date stated ab						
200 24	23A. SIGNATURE	Maryland Jan Hy 10/5/0	NED					
	AA. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240 COCATION (City town, or county) (St	ate)					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERATE DIRROTOR ADDRESS						
5	CT - 61950 militario in interesta	mary Weby J. chester	17					
	VS 150	128						
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	**
Registered	No.

В	IRTH NO.				CERTI	FICAL	E OF DEAT	П	register		
(T	NAME OF D Type or Print)		In	TL.	Men	ra-	Washle		2. DATE OF DEATH O	x 3	50
	Baltimore (and	Ba	201		4. USBAL RESID	ENCE (W	here deceased live B. COUNTY	d. If institut Y	tion: residence before admission)
В.	FULL NAME			l or instit	ution, give stre		V >	nol			
	STITUTION	66/1	1 /x	ait	leve	location)	c. CITY OR TOWN	(lf o	outside corporate l	limits, write	RURAL and give
4						Yrs.	D. STREET ADDR	ESS (If r	ural, give location	0-0	<u> </u>
	Length of s	tav in Balti	more			Mos. Days	6612.	2	X C		
	SEX	6. COLOR O		7. SING	LE, MARRIED),	8. DATE OF BIRT	Н	9. AGE (In year	s If Under 1 Ye	ear If Under 24 Hours
2	aprole	We has	65	rela	WED, DIVORO	(Specify)	July 21	878	72	Months D	ays Hours Min.
1C worl	A. USUAL OC	CUPATION (Cof working life, eve	Give kind of	10B. KIN	D OF BUSIN	ESS OR	M. BIRTHPLACE	State or for	reign country)		TIZEN OF
				at	hon	nap	Ta			VV	HAT COUNTRY?
13	B. FATHER'S	NAME	1	0			14. MOTHER'S MA	AIDEN NA	ME	n	
4	mas Deceased	eu r	nes	ech	eld		Cignes	Us	Lbang	h	
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	injury or				th.) DUE TO						
z	ANTECEDENT CAUSES Z										
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	F INJURY	(Month) (Day	(Year)	(Hour)	21E. INJURY		ED 21F. HOW DID	INJURY	OCCUR?		
				m.	WHILE AT WORK	NOT WHILE		1	.1. 3		
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	depensed al	live on We	V. /	, 194 0	and that d			, from th	e causes and o		e stated above.
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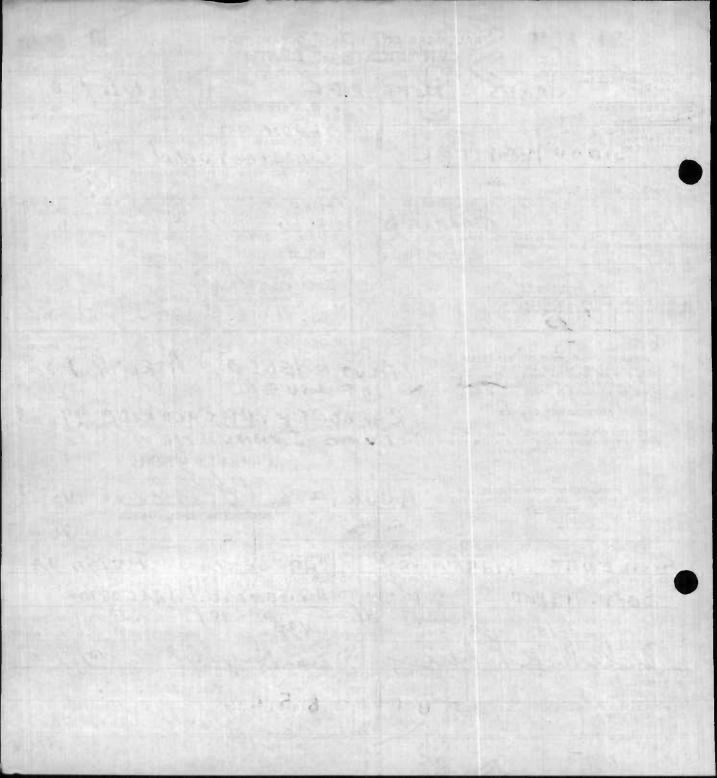
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BIRTH NO. CERTIFICAT	E OF DEATH Registered N	0
1. NAME OF DECEASED (Type or Print) PHILLIP GOLDSBOROUGH	GOOTER 2. DATE OF DEATH OCT	6 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits	, write RURAL and give
UNION MEMORIAL HOSPITAL		township)
Length of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)	900
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years)	Under 1 Year If Under 24 Hours
IVI W MARRIED	JUNE 18,1897 53	oths Days Hours Min.
10 A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MARYLAND 14. MOTHER'S MAIDEN NAME	USA
ALGERT E GATES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	CLARA HARPER	DRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		511233
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	AIN TUMOR (MENINGIAMA)	INTERVAL BETWEEN ONSET AND DEATH
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OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	etc.) INJURY OCCUR?	
21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK		
deceased alive on OCT 6, 1950, and that death occur	er 4, 1950, to Oer 6, 1950	, that I last saw the
		23c. DATE SIGNED
	Union memorial Hosp.	10-6-50
TION, REMOVAL (Specify)	ERY OR CREMATORY 240. LOCATION (City, Town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. MUNERAL DIRECTOR	ADDRESS
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Dir	CERTIFICATE OF DEATH Registered No						
1.	NAME OF DE pe or Print)	CEASED JAM	ES P.	BOTTOR	FF	2. DATE OF DEATH	0/5/50
B. F	Baltimore Ci FULL NAME C SPITAL OR STITUTIONS	ATH: ity, Maryland of (If not in hospit		n, give street address or location)		E (Where deceased live B. COUNTY (If outside corporate	d. If institution: residence y before admission) limits, write RURAL and give township)
D		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS		1)
104	M USUAL OCC	6. COLOR OR RACE	MAR		8. DATE OF BIRTH Aug. 14, 1902	10	Months Days Hours Min.
	Druggist FATHER'S NA			rug Busi.	Indiana 14. MOTHER'S MAIDE Katherine Pi	N NAME	WHAT COUNTRY
15. (Yes,	WAS DECEASED	EVER IN U. S. ARMEI (If yes, give wer or dete	FORCES? s of service)	16. SOCIAL SECURITY NO.			ADDRESS Charlestown, Ind
CERTIFICATION	(This does heart failur injury or in	E OR CONDITION LEADING TO DEA' not mean the mode of, asthenia, etc. It mes complication which of ANTECEDENT CAUS OR CONDITIONS, 1 LE ABOVE CAUSE (A) LING CONDITION LA BING CONDITION LA GNIFICANT COND TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT TO THE DEATH, BUT THE SEASE OR CONDITION	TH of dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE AST. ITIONS CON- NOT RELATED	DUE TO CAR	ne INHA	ACHLDRI	DE 21/2 wh
EDICAL C		OPERATION 0 1	98. MAJOR 1	E OF INJURY (e. g., i m, factory, street, office bldg.,	or 21c. WHERE DID		20. AUTOPSY? YES NO ity, give exact location)
		certify that I att	ended the d	nd that death occur	Accident	JURY OCCURY ALL IN HA	SP, that I last saw the on the date stated above
	n. removal (Sp Removal	10/6/5	0	Charlestow		6. LOCATION (City, t Charlestown,	Ind.
	CAL REGISTR		S SIGNATUR	diame, Mr	25 FONERAL DIRECT	ichner V&	Mo- Jaulto
	VS 150	4969.0		0736	4	/	78 X 1114



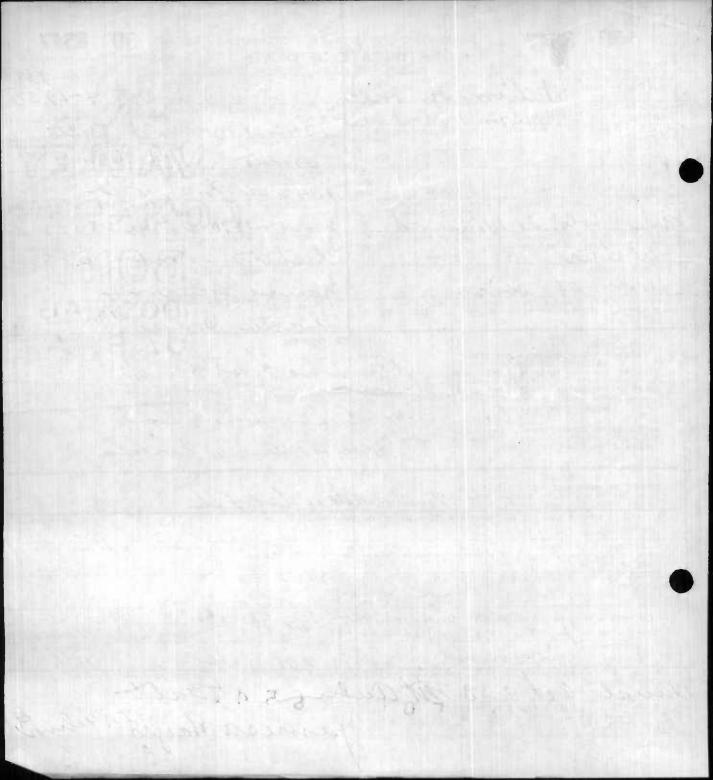
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BALTIMORE CITY HEALTH DEPARTMENT

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NAME OF DECEASE (CTYP OF PETER) PLACE OF DEATH WILLIAMS H. Hell LONG HELL LONG H. HE	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
3. PLACE OF DEATH A. Baltimore City, Maryland J. 4. W. Moshum A. Baltimore City, Maryland J. 4. W. Moshum FILLE PARKE OF (If not in hospital or insutution, give stree address or bloodies) FILLE PARKE OF (If not in hospital or insutution, give stree address or bloodies) FILLE PARKE OF (If not in hospital or insutution, give stree address or bloodies) FILLE PARKE OF (If not in hospital or insutution, give stree address or bloodies) FILLE PARKE OF (If not in hospital or insutution, give stree address or bloodies) A. STATE C. Length of stay in Baltimore D. STREET ADDRESS (If raral, give location) S. SEX. 6. COLOR OR RACE 7. SINGLE MARRIED. OATE OF BIRTH D. ACE In grown A. Baltimore S.	1. NAME OF DECEASED	-1 -1.			4.38
Bellimore City, Maryland J 4.3. II. Modern of STATE ST	William	- A. Hell		DEATH	4-1950
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C. Length of stay in Baltimore S. SEX G. COLOR OR BACE NICOVED (Speed) NICOVED DIVORCED (Spe	HOSPITAL OR	location		utside corporate limits, w	rite RURAL and give
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(Yes, Bo or wolapowe) 18.	_ um It. Hier	6	hange for	luson	
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22. I hereby certify that I attended the deceased from the last saw the deceased alive on 197, to 197, to 197, that I last saw the deceased alive on 197, 1978, and that death occurred at 1977 m., from the causes and on the date stated above. 23a. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 25c. FUNDAL DIRECTOR 25c. FU	ID. TIME (Month) (Day) (Year) (Hour)	1 21E. INJURY OCCURE	ED 21F. HOW DID INJURY	OCCUR?	
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James Walls	LOCAL REGISTRAR	13/1120 12	0	21 63819	9.el of
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF October 3, 1950 MARY maria 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 1807 McCulloh Street Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Colored Female Wido 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED SPRCES? (Yes, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Hypertensive heart disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION YES NO CAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., le or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UTING TI CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHITE AT NOT WHITE! m. WORK AT WORK Insp. & Ingiury 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. 10-4-50

151

REGISTRAR'S SIGNATURE

24B. DATE

BURIAL, CREMA-

TION, REMOVAL (Specify) Luna

DATE RECEIVED BY

LOCAL REGISTRAR.

208

24C. NAME OF CEMETERY OR CREMATORY

25) FUNERAC

24D. LOCATION (City, town, or equnty)

MEDICAL INVESTIGATOR

DIRECTOR

ADDRESS

B. FULL NAME OF HOSPITAL OR INSTITUTION WISSING TO STREET ADDRESS (If rural, give location) C. CITY OR TOWN (If outside corporate limits, write RUI Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORGED (Specify) WIDOWED, DIVORGED (Specify) 10. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZE	549
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WIDOWED, DIVORGED (Specify) 10A. USUAL OCCUPATION (Give kind of working life, even if retired) WIDOWED, DIVORGED (Specify) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY WHAT	aux
work done during most of working life, even if retired) SHIP YARD (INCLUSIVE)	Hours Min.
The Thirty	EN OF COUNTRY
15/WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	<u> </u>
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown)	
18. 02 3X CAUSE OF DEATH	AL BETWEEN
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	veele
ANTECEDENT CAUSES	7
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO C) C) Syphilitic Contiles	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. A YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact le shout home farm factory street office bldg. etc.) INJURY OCCUR?	UTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)	peation)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK A	
22. I hereby certify that I attended the deceased from 9-30-, 1950to 10-4-, 1950, that I la	ist saw th
deceased alive on / 0 - 4, 19 5 and that death occurred at 0 4 m., from the causes and on the date sto 23A. SIGNATURE 23B. ADDRESS 23C. DAT	ated above
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
BURIAL 10-7-50. MT. HUBURN BALTIMORE, 30. DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 FUNERAL DIRECTOR ADDRESS	

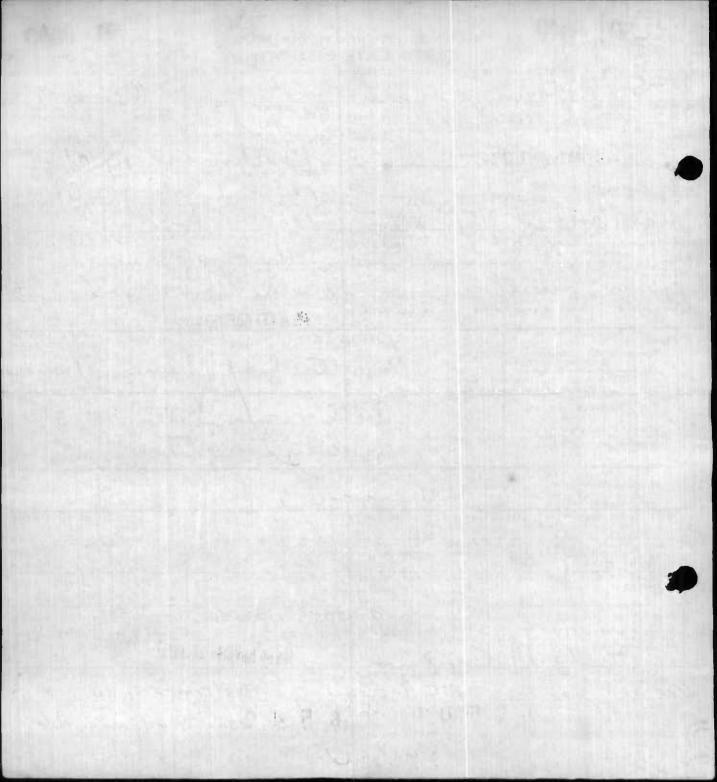
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25. FUNERAL DIRECTOR
WAN. A. JACKSON-916 PENNA, AUE.

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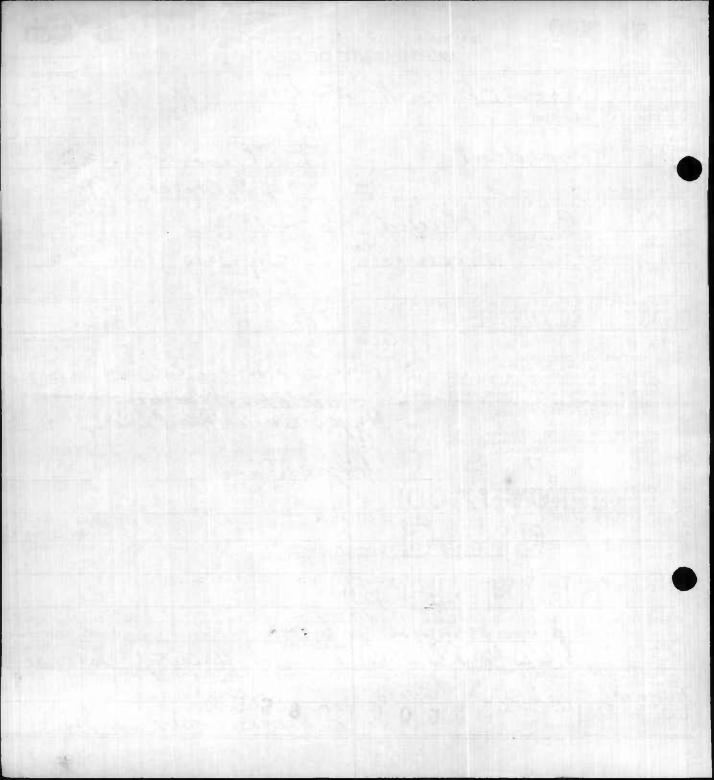


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BRTH :	17	U	U	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Y) -			No.
ne	g_{1S1}	erea	NO

	BIRTH NO.	E OF DEATH	Registered No.
	1. NAME OF DECEASED (Type or Print) Robert Everett	5e//	DATE OF DEATH 10-4-50
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	e deceased lived. If institution : residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or Hospital or Institution) Novident Provident		side corporate limits, write RURAL and give
	Yrs. Mos. Days	D. STREET ADDRESS (If rure	l, give location)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years II Under I Year II Under 24 Hours last birthday) Months: Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of ork done during most of porking life, even if retired) Representation (Give kind of ork kind	Nocky Mou	
	S. MITER S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ROSA Bell	ADDRESS Jame
	7 7 7	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO	ulmonary	Edema 2 hr 45mg
	ANTECEDENT CAUSES	acute Heart	acting .
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
	UNDERLYING CONDITION LAST.	pertension	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION	20. AUTOPSY?
	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., i	n or 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		CCUR?
	22. I hereby certify that I attended the deccased from 10	-4 - 190, to 10	-4-, 190, that I last saw the
	// - / / / /	ADDRESS + 7/	23C. DATE SIGNED
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	TION (City, town, or county) (State)
	REMOVAL 10-6-50. KONNOKE	25 NUNERAL DIRECTOR	OK E. VA., ADDRESS
=	DATE RECEIVED BY REGISTRAR'S SIGNATURE COLOR REGISTRAR OCT - 6 1950	Wm. A. JACKSON -S	716 PENNA. AUE.
	VS 150 5652	4	093d



DUPLICATE COPY

BALTIMORE CITY HEALTH DEPARTMENT

CERTI	FICA	TF C	OF D	FATH
<u></u>			<i></i>	

Registered No.

В	IRTH NO.			CERTIFICATI	E OF DEATH	Treg society	110
	NAME OF D					2. DATE	
(1	'ype or Print)	JOHN LI	JCIUS T.	AYLOR		OF DEATH OC	tober 4, 1950
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. B. COUNTY	If institution : residence before admission)
_	FULL NAME		al or institut	ion, give street address or	A. STATE Maryland	B. COUNT?	before admission)
H	OSPITAL OR	US Marine I		location)	c. CITY OR TOWN (I	outside corporate lin	nits, write RURAL and give
	Wyman Park Drive & 31st St.				Baltime	ore /	township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of s	tay in Baltimore		Mos. Days	1827 1	Madison Aven	ue
5.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.			E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hours
	M	col	WIDOW	VED, DIVORCED (Specify) Married	5/29/ ?1899	751	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
WOT		of working life, even if retired)	Pri	vate family	Va.		WHAT COUNTRY?
13	Chauf B. FATHER'S N				14. MOTHER'S MAIDEN N	AME	
	John	a Taylor					
15		ED EVER IN U. S. ARMET	FORCECO	1 15 505111	Rebecca Ta	A TOL	
(Ye	e, no or unknown)	(If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	0.36	ADDRESS
	Yes	IWN		218-18-8813	Records- U	o marine nos	pital, Balto, Md.
	18. 15	1 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION					
	(This does	LEADING TO DEA	f dying, e. ;	g., (A)	neumonia, lobula	•	2-3 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO							
7		ANTECEDENT CAUS	SES	(2)	Carcinoma head of	pancreas	Unknown
0		S OR CONDITIONS,		VG T	with obstructive	inundice	
AT		THE ABOVE CAUSE (A)		HE DUE TO		January	
O.							
RTIFICATION		11		_(C)		***** *********************************	
日兄		SIGNIFICANT CONDI					
U	TO THE D	ISEASE OR CONDITION	CAUSING	іт	47104		1.00 41700043
1	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES X NO
Ü	21A ACCIDE	NT. SUICIDE.	1 21B PLA	ACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City	give exact location)
EDICAL	HOMICIDE			farm, factory, street, office bldg.,			, 5
	No Tibes	(Marth) David (Varia	(Tlaum) I	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUP?	
	OF INJURY	(Month) (Day) (Year)			T ZIF, HOW DID INJOK	, occori	
			m.	WORK AT WORK			
	22. I hereb	y certify that I att	ended the		ept. 29 , 19 50to	Oct. 4 , 19	50 that I last saw the
	deceased alive on Oct. 4, 19, 50, and that death occurred at 10:40 Am., from the causes and on the date stated above.						
	23A. SIGNATURE 23C. DATE SIGNED						
	John I	. Milson. Med	lical	irector M.D.		ital Balto M	
2. TI	4A. BURIAL, ON REMOVAL (S	CREMA 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, low	n, or county) (State)
	Buria	e oct 6.1	950	Balto.	hatranal to	salto.	md.
	ATE RECEIVE		S SIGNATE	JRE. []	25. FUNERAL DIRECTOR		ADDRESS
	OCAL REGIST	950 Suntin	ator 11	Marie 1864	wholland F	- M - 100 100 C	Nac
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	13 130			6+28	A		me pues
				0		0	707

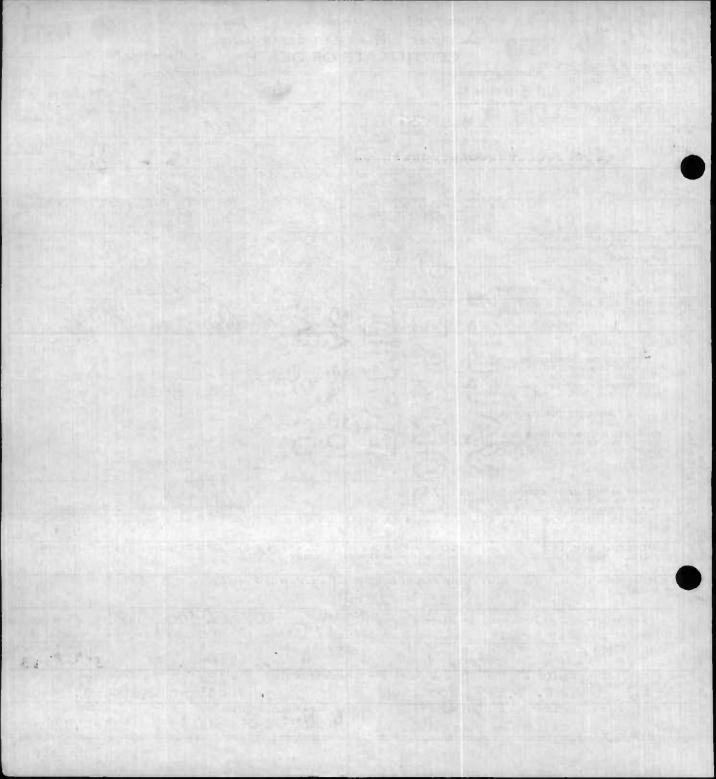
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	VI 1	2 12 2	3
Registered	No.	17.75	

ВІ	RTH NO. CERTIFICAT	E OF DEATH	Registered No)
(T	NAME OF DECEASED TORA BERTIAN	5 6 4	2. DATE OF DEATH /0-	J- VO
	PLACE OF DEATH: Baltimore City, Maryland	4. USUA RESIDENCE (V	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)		outside corporate limits,	write RURAL and give township)
	1999 Vagemere Cook	D. STREET ADDRESS (If	rural, give location)	
c.	Length of stay in Baltimore	2308 Dre	1 aut	live
1	MARY 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED Specify	8. DATE OF BIRTH		nder 1 Year If Under 24 Hours ths: Days Hours Min.
10 work	A. USUAL OCCUPATION (Give Ind of Objective Market Industry) A. USUAL OCCUPATION (Give Ind of Objective Industry) INDUSTRY	11. BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY?
13	SATHER'S NAME	14 Nother's Maiden N	AME	
No.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	Morres De	rdiausku	DRESS Dame
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OF DEATH	Peng left	INTERVAL BETWEEN ONSET AND DEATH
7	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B))(J'	
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None		
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (Injury OCCUR?	If in Baltimore City, give	YES NO Ve exact location)
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK		Y OCCUR?	-
	22. I hereby certify that I attended the deceased from	O 429 71949, to	Oct 5, 1950	that I last saw the
	deceased alive on 0 17 4, 19 0 and that death occu		he causes and on the	date stated above.
	23A. SIGNATURE V Joycelov M. D.	3600 land 'A	taughts are	0 2 7. 5,1950
Z4 TIC			OCATION (City, to Co	(State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	5. NERAL ERECTOR	he 21006	retain &
	VS 150			A 1/12 d

John Stand The second secon

subject to approval of medical examine								
23	BALTIMORE CITY HEALTH DEPARTMENT							
BI	BIRTH NO. 48-2365/ CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED GEORGE WATSON				3	2. DATE OF DEATH	50cm	ber 50	
	PLACE OF DEATH Baltimore City,		F B. H	ILL ST	4. USUAL RESID	ENCE (Where decease	d lived. If institu	ution : residence before admission)
	FULL NAME OF			ion, give street address or location)	14 E. Hill DA. Mid.			
	STITUTION	· 14 压	Hill	对你就是我们不不不不不	c. CITY OR TOWN	(11 outside corpo	orate limits, writ	te RURAL and give township)
		<u>arnov</u>	1000	Yrs.	D. STREET ADDR	ESS (If rural, give lo	cation)	
c.	Length of stay		dij	Mos. Days	14 8.	Hill D	1	
5.	SEX 6.C	OLOR OR RACE		MARRIED, ED, DJVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min.			
MALE while single				Oct. 1, 19 48 2 yrs.				
work	A. USUAL OCCUP.	ATION (Give kind o ing life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13	FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
1	lesse ?	10 atro	n		Shinles	4 . 40	ner	
(15 (Yes	. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRE	ss
` _	no	none		non	Elizabeth	Davyer	14 E. /4	ill st
	18. 754.4 CAUSE OF DEATH						NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.							
	injury or com	plication which	caused death	.) DUE TO		left vent	ricle	
Z	ANT	ECEDENT CAU	SES	Acute 1	aryngitis			
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
CA	UNDERLYING CONDITION LAST.				CERTIFICATION APPROVED BY			
F	(c)				CERTIFICATION APPROVED BY			
ERT	OTHER SIGNIFICANT CONDITIONS CON-				RKG. O			
Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				ATION	United the Assignment	L LA NED	20. AUTOPSY?
CAL								YES NO
EDIC	21A. ACCIDENT, HOMICIDE (SI			CE OF INJURY (e. g., in arm, factory, street, office bldg.,			re City, give ex	xact location)
	21D. TIME (Mont	h) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	m. WHILE AT NOT WHILE					ball maketi as a mission was a		
	22. I hereby certify that I attended the deceased from 50 200, 1950, to 50 200, 1950, that I last saw the							
	deceased alive on, 19 and that death occurred				red at 3.3 m.	, from the eauses of		te stated above.
	in in	Villian	V. Bros	4 . M. D.	Sima	Hozo.	5	Odas 50
	A. BURIAL, CREM.	7)		24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (
Burial (Specify) Oct. 7,1950 Woodlawn				Woodlawn				
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE COCAL REGISTRAR ADDRESS KRAUSE JUNERAL HOME 1216S. Char								
0	CT - 61950	1 1	unica por	- / musuus m	MINACOL	ONENAL NO	WE 1510	S.Charles
	VS 150			ON THE WHITE		105	Palto.	30 Md.

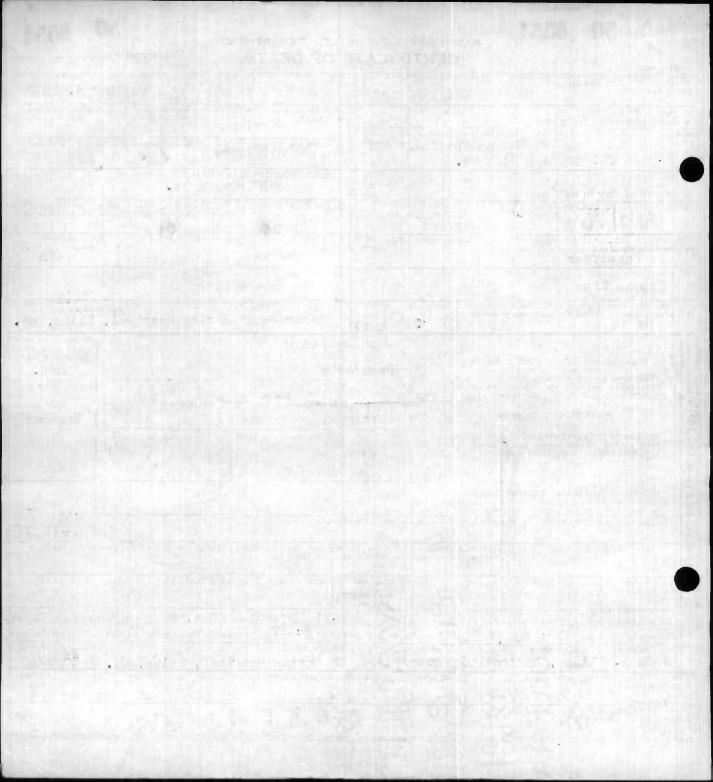


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	1113	23	5	4
Registered	No.			

В	IRTH NO.							
	NAME OF D		ARLES WILLIAM HITE		2. DATE OF Octo	ber 4, 1950		
a. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital location) INSTITUTION Wyman Pk. Drive & 31st St.				4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE Maryland B. COUNTY before admission)				
c. Length of stay in Baltimore 7. Mos. Days				D. STREET ADDRESS (If rural, give location) 810 Powers St.				
5	. sex	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	9/29/96	9. AGE (In years last birthday) Mo	H Under 1 Year H Under 24 Hours on the Days Hours Min.		
	k done during most	CUPATION (Give kind of of working life, even if retired) uffour	108, KIND OF BUSINESS OR INDUSTRY					
1:	Thomas	500 AM		14. MOTHER'S MAIDEN NAME Augusta Miller				
1! (Y	5. WAS DECEAS se, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.				
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					INTERVAL BETWEEN ONSET AND DEATH More than 3 mos.		
z		Unknown						
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
FE								
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?		
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, g. INJURY OCCUR?)							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from Aug. 1 1950, to Oct. 4 , 1950, that I last saw deceased alive on Ct. 4 1950, and that death occurred at 4:20P m., from the causes and on the date stated about							
	John L. Wilson, Medical Director M.D. US Marine Hospital, Balto, Md 10/5/50							
Z TI	4A. BURIAL, ON REMOVAL	CREMA- 24B. DATE Specify) A	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town	1		
	ATE RECEIVE	TRAR	s signature (25. FUNERAL DIRECTOR	sources 3/15	ADDRESS Aug.		
=	VS 150	959 ****	6835	2		D47d		



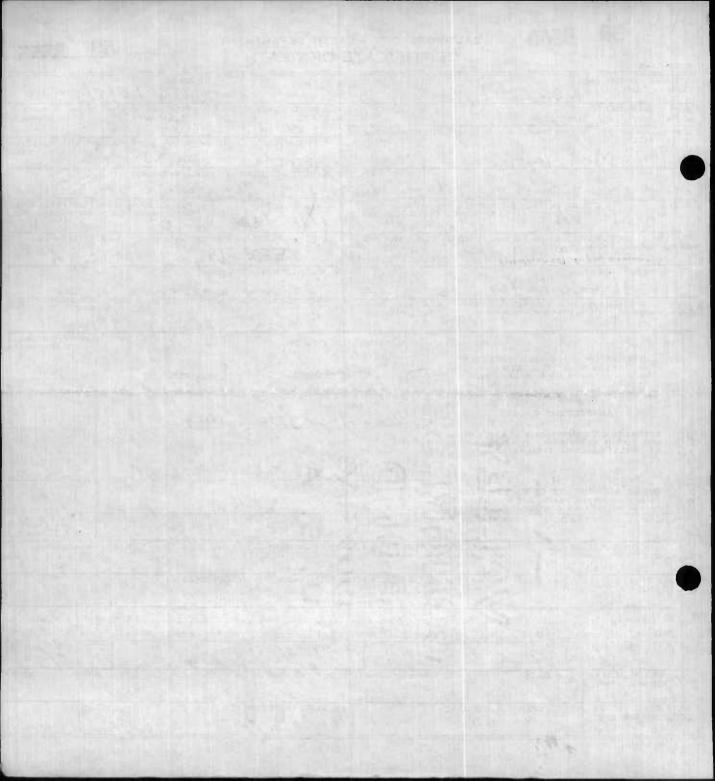
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В	IRTH NO.	CERTIFICATE	OF BEATH	aregistered in
	NAME OF DECEASED Thomas	Tyler		2. DATE OF 10/5/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived, If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital o	r institution, give street address or location)	C. CITY OR TOWN (If our	tside corporate limits, write RURAL and give
IN	Mercy Hosp	ital	Balto.	25 - 43 township)
		Yrs. Mos.	D. STREET ADDRESS (If rur	- 1
	Length of stay in Baltimore SEX 6.COLOR OR RACE 7.	Days Days		AGE (In years II Under 1 Year II Under 24 Hours
	M Wht	WIDOWED, DIVORCED (Specify)	11/12/80 69	AGE (In years M Under Year M Under 24 Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	OB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	TISTON RINGS	14. MOTHER'S MAIDEN NAM	U. USA
	William Tyle	r	1	rden
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FO	DRCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT	ADDRESS
	No	SECORITI NO.	Edna Tyl.	er same
	18. 420.1		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIS LEADING TO DEATH		Man Oralin	
	(This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus	the disease,		
	ANTECEDENT CAUSES	9	1. 164	
NO	DISEASES OR CONDITIONS, IF A	NY. GIVING	lized Titeroscle	on's
FICATIO	RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.			
FIC		101 Benia	on Prostation 1 day	mentronly
ERTI	OTHER SIGNIFICANT CONDITION	ONS CON-	01	8
CE	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	AUSING IT.	TION	
AL	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERA	ATION	YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in bout bome, farm, factory, atreet, office bldg., et	or 21c. WHERE DID (If it	n Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (He	our) 21E. INJURY OCCURRE	D 21F, HOW DID INJURY O	CCUR?
		m. WHILE AT NOT WHILE		
	22. I hereby certify that I attend) /3 , 1950, to /	5, 1950, that I last saw the
	deceased alive on 10/3/50, 1		red at f 20 1 m., from the	causes and on the date stated above.
	Faul 7. Ruch	and M. D.	mercy to	y. 10/5/50
716 TIE	Danel (Specify)	24c. NAME OF CEMETER	Y OR CREMATORY 24D. LOC.	ATION (City, town, or county) (State)
	THE RECEIVED BY REGISTRAR'S S	GIGNATURE MILLEUL, AL	25. FUNERAL DIRECTOR	ADDRESS HIM Commonway You
	VS 150		1 miles of the greet	I on the mineral
		5443L	U	0942



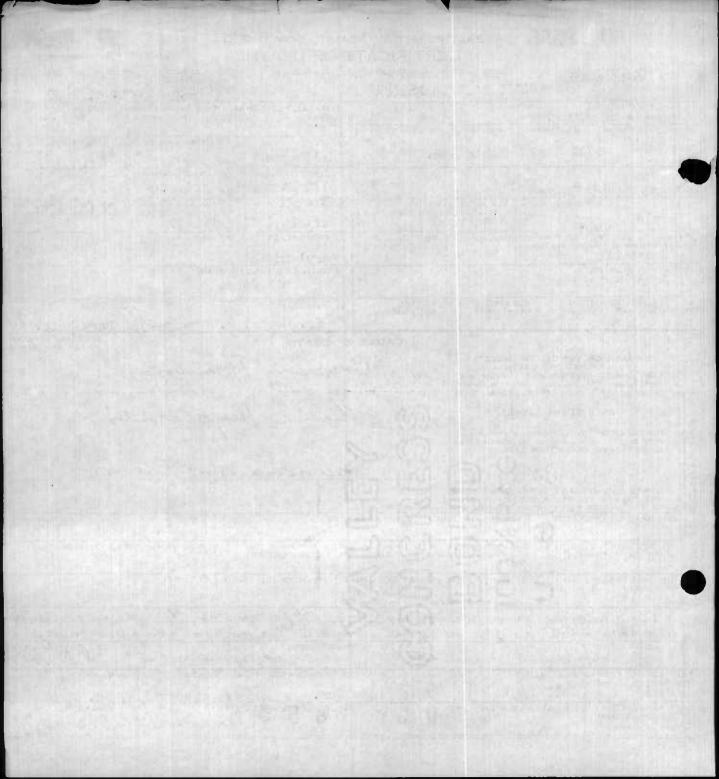
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.___

81	RTH NO.			CERTIFICATI	E OF DEATH	registere	4 110,	
1.	NAME OF D		IE MALI	NDA KELLER		2. DATE OF DEATH OO	ct. 4, 19	50
Α.	PLACE OF D Baltimore (City, Maryland	a) or in atitut	ion, give street address or	4. USUAL RESIDENCE		. If institution: 1	
H	DSPITAL OR	5712 Park H		location	c. city or town Baltimore	(If outside corporate li	inits, write RUR	IAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	5712 Park Heig			
	female	6.COLOR OR RACE	7. SINGLE WIDOW MARY	MARRIED.	B. DATE OF BIRTH July 25,1873	9. AGE (In years last birthday)	Under Year Months Days	Hours Min.
worl	Housew		At Ho	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland		12. CITIZE WHAT	N OF COUNTRY?
		· Childs			Sophronia Jone			
(Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mr. Robert H	K. Coscia-571	ADDRESS 2 Park Hs	ets. Av
CERTIFICATION	(This does heart failure failu	SE OR CONDITION LEADING TO DEA a not mean the mode of the complexition which of ANTECEDENT CAUS SOR CONDITIONS, INTERPRETARIES OF CONDITION LA ISSUMMENT CONDITIONS OF TO THE DEATH, BUT ISSEASE OR CONDITION INTERPRETARIES ISSUMMENT CONDITIONS TO THE DEATH, BUT ISSEASE OR CONDITION	TH of dying, e. g nns the diseas caused death SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(B)	dunic he	gozardu	tas i	
CAL		u		FINDINGS OF OPER			YES	No No
EDICAL	HOMICIDE	ENT. SUICIDE. (Specify)	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	tc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact lo	eation)
	OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK				
		TURE		and that death occur	3B. ADDRESS	n the eauses and or	1 23c. DAT	est saw the ated above. TE SIGNED
2. TI	Burial	pecify) , ,	50	24c. NAME OF CEMETE Druid Ridge		. LOCATION (City, to // Pikesville		(State)
8	ATE RECEIVE	RAR	S SIGNATE	RENT ALL	25 FUNERAL DIRECTO		ADDRESS MS = 10	alto,
	VS 150		- Ø	3. X			05	0.0



C 210 0000	
BALTIMORE CITY HEALTH DEPARTME	INT
BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
3. PLACE OF DEATH:	DEATH 10-5-50 E (Where deceased lived. If institution: residence
A. Baltimore City, Maryland	p. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN	outside corporate limits, write RURAL and give
South Baltimore General Hospital Balt	Imara 16 de township)
C. Length of stay in Baltimore Yes. Mos. Days 3012 Ed.	Mondon Hue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (in years) If Under I Year If Under 24 Hours
M. Dept. 30-18	94 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Givekindof ork done during most of working life, even if retired)	e or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Olerk tood Tair actives buy 13. FATHER'S NAME 14. MOTHER'S MAIDE	ra la
Jacob J. ST. L	Said
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	- MUM AD GOOD ON OSON
(11 yes, give war or dates of service) SECURITY NO. 18-22-3883 MRS. Itelen	M-Slaub-30/2
18. 420. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Land love de
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	one many
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	hy disease
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (o. g., in or 21c. WHERE DID	(If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN.	JURY OCCUR?
m. WHILE AT NOT WHILE WORK AT WORK	
22. I hereby certify that I attended the deceased from of. 4, 1917, to	o Oct. 5, 1957, that I last saw the
deceased alive on Oct. 5, 1950, and that death occurred at 11:55cm., fro	om the causes and on the date stated above.
Mater C. Macagurinia. D. So. Ballo-	Seen Horn Oct 5/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24	4D. LOCATION (City/town, or county) (State)
Burial 10/9/50 Holy Redeemen	BALTO Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE 10T = 61950 The Manual Process of the Manual Pr	- 1/ 1/1/1
11 - 6 450 For The During W. J. Ruck.	- 5305 Nartord VD.

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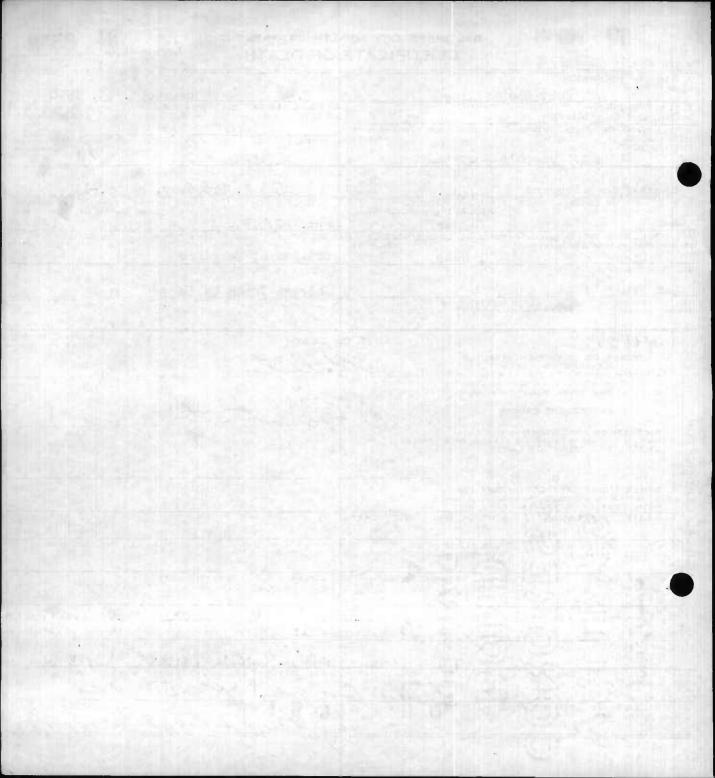
Bank B. T. Emay 6 - 1 - W. / 1 Exp Trong to the large registers were the amount of A West Local To Arch of the Latines CONTRACTOR OF THE STATE OF THE

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.____

В	IRTH NO.	0-20513		CERTIFICATI	E OF DEATH	,		
1.	NAME OF D	ECEASED				2. DATE		
		Baby Bo	v Salli	ng		DEATHSept.	23, 19	50
3. A.	Baltimore (City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I: B. COUNTY		residence re admission)
В.	FULL NAME		al or institut	ion, give street address or	Maryland			
	OSPITAL OR				c. CITY OR TOWN	f outside corporate limi	its, write RU.	RAL and give township)
-	4	St. Joseph	's Hosp		Baltimore		- (1)	
				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
		tay in Baltimore	17		1541 N. B	roadway, Bal	to13	
5	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under 1 Year onths: Days	If Under 24 Hours
	Male	White	Sin		Sept. 22, 1950			17
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or 1	(oreign country)	12. CITIZI	
100	Nor		N	one	Baltimore, Mar	vland	WHAI	COUNTRY?
13	FATHER'S		41	01.0	14. MOTHER'S MAIDEN N	IAME		
	Com Hone	mr Collina			Mb	NG- 7-21-		
15	5. WAS DECEASE	y Salling	FORCES?	I 16. SOCIAL	Theresa Irene			
(Ye	s, no or nuknown)	(If yes, give war or date	s of service)	SECURITY NO.	17. INFORMANT	+	ADDRESS	
_								
	18. 76	2,5.		CAUSE	OF DEATH			AL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY		211-1			
	PR 5 1 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4	LEADING TO DEA	TH	R. (A)	titleclasis			
	heart failt	are, asthenia, etc. It mes	ns the diseas	se.	•••••••••••••••••••••••••••••••••••••••	***************************************		
	injury or	complication which	caused deatr	.) DUE TO				
	ANTECEDENT CAUSES							
Z	DISEASE	e or conditione	F 4507 6000	(B)	man and			
Ĕ	RISE TO T	S OR CONDITIONS, I	STATING TI			1		
A	UNDERL	YING CONDITION LA	AST.					
RTIFICATION	2000			(C)		***************************************		
E	OTHER	II SIGNIFICANT COND	TIONS CO					
Ш	TRIBUTIN	G TO THE OEATH, BUT	NOT RELAT	ŁD .				
U		OF OPERATION A 1		FINDINGS OF OPER	PATION		120 4	UTOPSY?
1	ISA. DATE C	OF ERATION O	JB. MAJOR	THE HOS OF OFE			YES	No 🗌
Ü	21A ACCIDI	ENT, SUICIDE,	1 218 PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	If in Baltimore City,		
EDICA	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,		,		
Z.								
	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR		Y OCCUR?		
			m.	WHILE AT NOT WHILE				
	22 I horeh	as contifue that I att	anded the	deceased from	3/22/ , 1950, to_	8/23/ 195	Othat II	ast sam the
	deceased of	line on 8/22/	10 50 -	and that douth accoun	rred at 1:35AM., from	the causes and on	the date at	ated ahove
	23A SIGNA		_, 13	and that death occas	3B. ADDRESS	the tancos and on		TE SIGNED
	7/	anh let	100	Esse pm.o.	1400 N. Caroli	ne Street	9/23	150
2	4A BURIAL	CREMA- 24B. DATE,	, 1	24c. NAME OF CEMETE	RY OF CREMATORY 240.	OCATION (City, town		
Ī	AA BURIAL	Specify) /1/0	/	1100	10	15008	ni	
X	Alrea	10/8/	50	Holy 1	edemu X	Juen	MODDE	
	ATE RECEIVE		SIGNATE	750 061	25 FUNERAL DIRECTOR	03-14	ADDRES	0
	- 61950		a	religion o	Stituck-	2301	tatf	~
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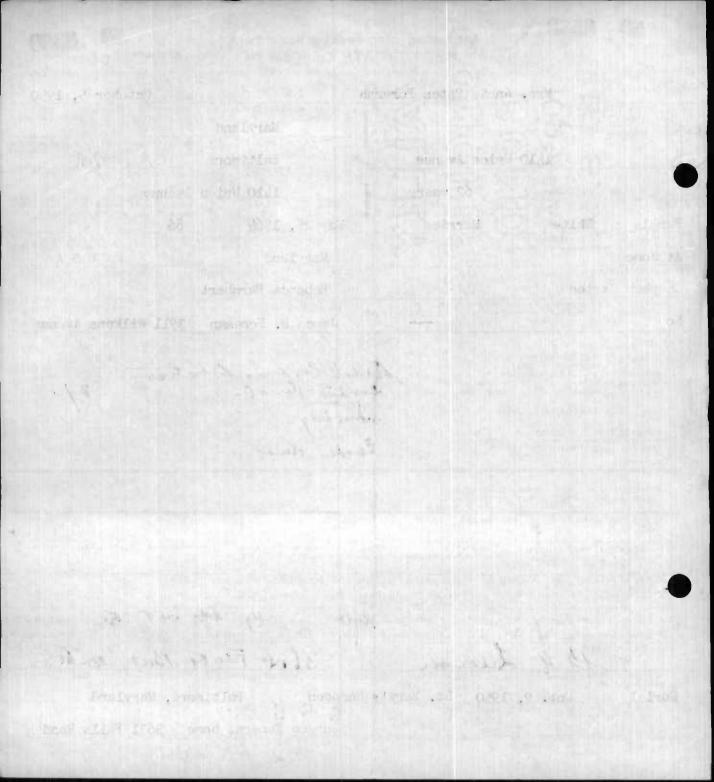


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mrs. Annie Bates Foreman	2. DATE OF DEATH October 5, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY Maryland Were deceased lived. If institution: residence B. COUNTY before admission)
HOSPITAL OR INSTITUTION location location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Yrs. Mos. c. Length of stay in Baltimore 62 years Days	D. STREET ADDRESS (If rural, give location) 1/10 Union Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female White Married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min. May 25. 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Barton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Rebecca Barnhart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	James B. Foreman 3911 Wilkens Avenue
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	die Phial - 7414 List - Phial - 7414 List - Phial - 7414
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, etreet, office bldg., of CAUSE OF DEATH	
TD. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	1949 to 15 19 5 that I last saw the
deceased alive on 3, 1950, and that death occur	rred atm., from the causes and on the date stated above.
23A. SIGNATURE 3. 4 Lileich M.D. 2	36. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	
Burial Oct. 9, 1950 St. Mary's Ha	mpden Baltimore, Maryland ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Burgee Funeral Home 3631 Falls Road
VS 150	The Contract of the contract o



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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	TE OF DEATH Registered No
I. NAME OF DECEASED (Type or Print) Eltie Cordelia Mathews	2. DATE OF October 1, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION 2011 Druid Park Drive	
Yrs. C. Length of stay in Baltimore 25 years Days	2041 Druid Park Drive
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Widow)	March 17, 1881 69
10A. USUAL OCCUPATION (Givekind of rork dooe during most of worklog life, even if retired) At Home 10B. KIND OF BUSINESS OR INDUSTR	Virginia USA
Aurelius Lawson	Mary E. Jennings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL (1798, give war or dates of service) SECURITY NO.	Fulton A. Mathews 2011 Druid Park Drive
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED	Tastasis to Various parts of Lody
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION 25-1949 20. AUTOPSY? VES □ NO □
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	, io or 21c. WHERE DID (If in Baltimore City, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUR MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Odeceased alive on Oct 4, 1950, and that death occ 23A. SIGNATURE	region of the causes and on the date stated above. 23c. DATE SIGNED 23c. DATE SIGNED 10-5-50 11 Front Royal, Virginia 25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road
	Horace F. Burgel 050.0

The Company of the same Martiniant, . . desirate AND THE RESERVE THE PROPERTY OF THE PARTY OF Un Kader Las. 0950

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.				L GI DETTI		
1. (T	NAME OF DI		1 0	11 0		2. DATE OF A	F 191-11.
	PLACE OF DE Baltimore C	EATH: lity, Maryland	a c.	Hobson.	4. USUAL RESIDE	DEATH OUT . NCE (Where deceased lived, If B. COUNTY	institution; residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	Crawford	d Retre			(If outside corporate limits	, write RURAL and give township)
c.	Length of st	ay in Baltimore	10	years Yrs. Mos. Days	o. STREET ADDRE	ss (If rural, give) cation) ellington Street	
	Female	6. COLOR OR RACE White		E. MARRIED. ED, DIVORCED (Specify	June 23, 18	9. AGE (In years If last birthday) Mor	Under I Year I Under 24 Hours nths Days Hours Min.
B	undle Wr			of Business or INDUSTR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
W		enry Hobson			14. MOTHER'S MA	Ann Greene	
15 (Yes	NAS DECEASE no or onknown)	D EVER IN U.S. ARMEI (If yes, give war nr date	D FORCES?	215-07-6429	Mrs. Nellie	M. Boyer 3642 H	ickory Avenue
CERTIFICATION	(This does heart failured in jury or	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAUS GOR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L. II IGNIFICANT COND TO THE OEATH, BUT ISEASE OR CONDITION FOPERATION	TH of dying, e.; ans the diseaseaused death SES IF ANY, GIVII STATING TI AST. ITIONS COL NOT RELATING TO CAUSING	OUE TO THE	rout.	tuston + la	
EDICAL		None NT. SUICIDE, (Specify)	21B. PLA	ACE OF INJURY (e. g., farm, factory, street, office bldg			YES NO Cive exact location)
Σ	FINJURY	Month) (Day) (Year	m.	21E, INJURY OCCURI WHILE AT NOT WHIL WORK AT WORK	E	INJURY OCCUR?	
	deceased al	ive on Oct. 5	tended the	and that death occi	urred at 4 28 Pm., 23B. ADDRESS 2701 M. C	from the causes and on the	that I last saw the ace date stated above. 23c. DATE SIGNED 1.5, 5
TIC	A. BURIAL. CON, REMOVAL (S Burial ATE RECEIVED CCAL REGIST	Oct. 9. D BY REGISTRAR	1950	Woodlawn	ERY OR CREMATORY	240. LOCATION (City, town,	or county) (State) Maryland ADDRESS
=	0 हर्व 1 3 06	1950 1 1	A		Horace G	Burgee	01/-1

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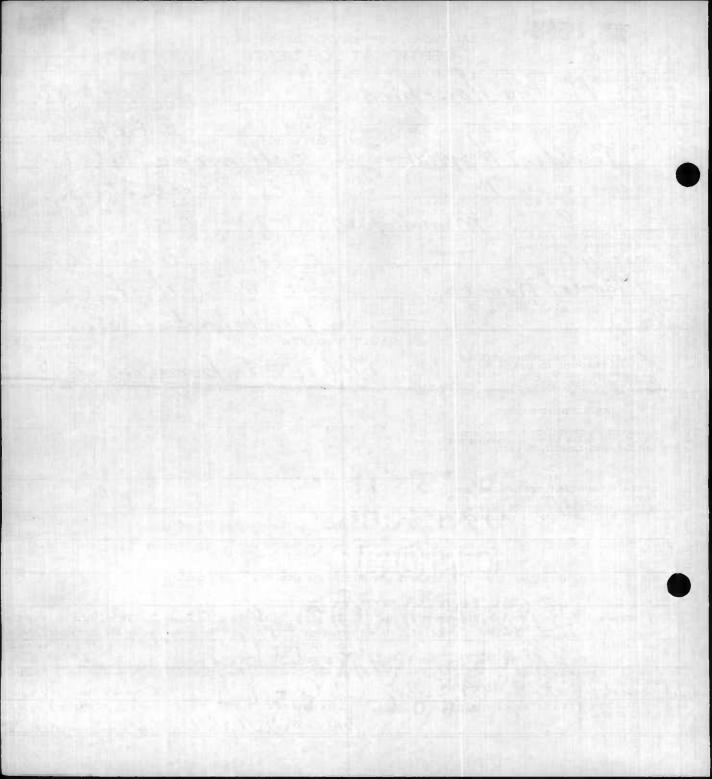
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BRTH	NO.	Y	100	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Re	gist	ered	No.

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H E	BIRTH NO. CERTIFICATE OF DEATH							
1	NAME OF DECEASED	11 1.		2. DATE OF				
	PLACE OF DEATH:	Houchins	A LIGHAL PECIDENCE	DEATH / O -	2-50			
A	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)			
H	FULL NAME OF (If not in hospital OSPITAL OR NSTITUTION C	or institution, give street address or location)	C. CITY OR TOWN	If outside corporate limits, v				
3	Krovident	Hospital	Baltin	70re 17-	township)			
	Lamath of stars in Dallinson	Trs.	1 DOT	f rural, give location)				
	Length of stay in Baltimore SEX 6.COLOR OR RACE	Days 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGEAIn years If Under	1 Year If Under 24 Nous			
	FC	WIDOWED, DIVORCED (Specify)	17-7-25	last birthday) Months	s Days Hours Min.			
wor	DA. USUAL OCCUPATION (Givekind of 1 k done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
1	Housewife 1		FOUNTA 14 MOTHER'S MAIDEN	in, IV.C.	U.S.			
	Manuel Ro	pers	Bessie	Bullack				
	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates of	RCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT	ADDI	RESS			
-	No -		florthal	louchins (ab	ove)			
	18. 019.2		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DI LEADING TO DEATH	1-1	iliary Tu	berculosis	2vr.			
	(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can	the disease,						
	ANTECEDENT CAUSE	s						
ZO	DISEASES OR CONDITIONS, IF	(B)	······································	• ••••••••				
ATI	RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE DUE TO						
FIC		(C)	- A					
RTIF	OTHER SIGNIFICANT CONDITI	ONS CON-						
CE	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O	AUSING IT						
AL	19a. DATE OF OPERATION 198	MAJOR FINDINGS OF OPER	ATION		YES NO 4			
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		(If in Baltimore City, give				
Σ	ID. TIME (Month) (Day) (Year) (F	Hour) 21E. INJURY OCCURRE	21F. HOW DID INJUI	RY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 9-7-, 1950, to 10-2-, 1950, that I last saw the							
	deceased alive on 10-2-80	19, and that death occur	red at Comments of the management of the managem	the causes and on the c	date stated above.			
	171m	м. р.	Foundant He	V ·	10/5/50			
TI	ON REMOVAL (Specify) Oct. 6.	24c. NAME OF CEMETER	RY OR CREMATORY 24D.	LOCATION (City, town, or of	(State)			
T	ATE RECEIVED BY REGISTRAR'S, OCAL REGISTRAR	SIGNATURE	25. FUNERAL DIRECTOR	AL	DDRESS 322 N			
	OCAL REGISTRAR	John Minus, M.	Mrs Katul R. h	Telliama Se	hreder St			
1	110 150							

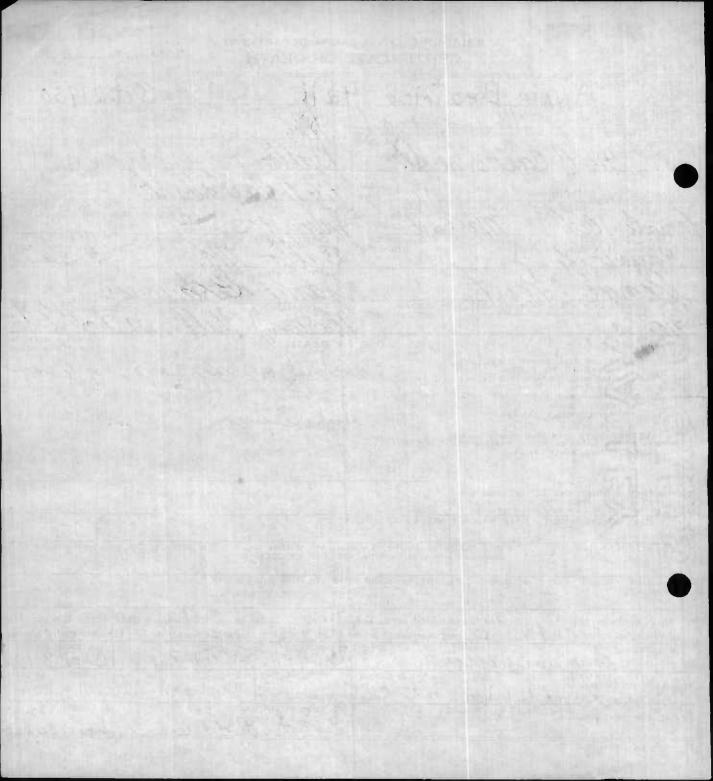


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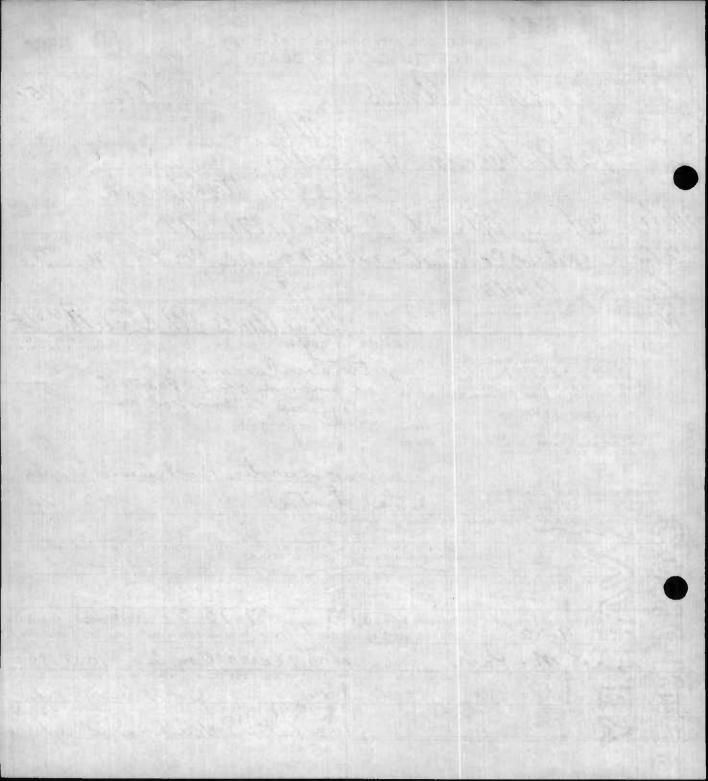
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	110
(Type or Print) ANNIE Bealrice Hall	DATE OCT. 2,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland 4/6 V. Celloun 7 B. FULL NAME OF (If not in hospital or institution, give street address or	deceased lived. If institution: residence B. COUNTY before admission)
	de corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (April)	give location
c. Length of stay in Baltimore 5. SEX 6. COLOR OF, RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9.	AGE (In years Il Under 1 Year If Under 24 House
Female Cot. Markeld (Specify) July 3, 1903	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work do by turing most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHE CZ (State of foreign INDUSTRY)	12. CITIZEN OF WHAT COUNTRY?
13. FAMER'S NAME 14 MOTHER'S MAIDEN DAME	Surses
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or number of lify yes, give war or dates of service) SECURITY NO.	1 Pallans 1/2
18. 331X I CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	chage any
injury or complication which caused death.) DUE TO	0
Z ANTECEDENT CAUSES Hypertenson	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
II (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in	Baltimore City, give exact location)
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. s., in or long) 21c. WHERE DID (If in about home, farm, factory, street, office bldg., etc.)	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OC INJURY	CUR?
m. WHILE AT NOT WHILE AT WORK	*
	12_, 1950, that I last saw the
deceased alive on Oct / 1950, and that death occurred at 2 3 m., from the co	uses and on the date stated above.
Douglas Sheplera M.O. 404 n. Julion	Rug Oct 3 1950
11 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	on July, who, or county (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUHERAL DIRECTOR	ADDRESS 322/
Mrs Ratie K. Will	camp schurederst
JUT Vs Geo J	0832



50 8584				
A 5-20 BA	LTIMORE CITY HE	EALTH DEPARTMENT	50	2504
U.O DO	CERTIFICATI	E OF DEATH	Registered No.	4.76.2634.0
BIRTH NO.	1			/
1. NAME OF DECEASED (Type or Print)	Maril		2. DATE PAR	2 10.00
3. PLACE OF DEATH:	Wirus	4. VSUAL RESPOENCE (WI	DEATH Come decrees lived if institute	0,1100
A. Baltimore City, Maryland		A. STATE	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institu		1114		
INSTITUTION 200 97 / Fre	[location	C. CITY OR TOWN (110	utside corporate limits, wr	township)
12811. 1000	non st	Ballo.	/ (0	4.1
	Yrs. Mos.	D. STREET ADDRESS	ral give ocation)	
c. Length of stay in Baltimore	Days	128 H. Sua	Kron sti	
	E. MARRIED. WED. DIVORSED (Specify)	8. DATE OF BIRTH	9. AGE (In years It Under last birthday) Months	Pear Under 24 Hours Days Hours Min.
1/acc 1007. 7/19	rila	may 1,1871	19	
10A. USUAL OCCUPATION (Give kind of 10B. KIN work the during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country	CITIZEN OF WHAT COUNTRY?
Laborer (Retired) Con	Uruction North	(accornac.	Co. Ha.	450
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME	
Louis (smes				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	MUNICORMANT /	On /-ADDR	ESS 7700
(Yes, plowuphnown) (If yes, give war or dates of service)	SECURITY NO.	Alphy (Pinos	9/ ATonlo	100/4
In Inni	01110=	They wills	- Marian	INTERVAL BETWEEN
18.		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	moto	status Carson	and .	>
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise			he Prostale	
injury or complication which caused dea		cenoma of	1 leoling	i yrs
ANTECEDENT CAUSES	mel	estaces to Bo	nes of perm.	
2	(B)	aspine		
DISEASES OR CONDITIONS, IF ANY, GIV			THE RESEARCE OF	
UNDERLYING CONDITION LAST.	1			
<u>.</u>	(c) anter	ioscleratio 1	learn Disease	? ura.
OTHER SIGNIFICANT CONDITIONS C		+		-
TRIBUTING TO THE DEATH, BUT NOT RELA	TED Morla &	stricture		7 ws.
19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY1
TO SU ASSIDENT SUICIDE	~			YES NO M
E ZIA, ACCIDENT, SUICIDE, ZIB, FI	ACE OF INJURY (c.g., i		in Baltimore City, give	exact location)
HOMICIDE (Specify) shout home	e, furm, factory, street, office bldg.,	INJURY OCCUR?		
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	WHILE AT NOT WHILE		~	
m.	WORK AT WORK	5. 1937 to 10	1. 3	
22. I hereby certify that I attended th	e deceased from	THE RESERVE AND ADDRESS OF THE PARTY OF THE	,	nat I last saw the
	and that death occur	rred at 7 12. m., from the	e causes and on the d	ate stated above.
234. SIGNATURE	2	400 N. Curroll	Tras a. o i	0.5.1950
24A. BURIAL, CREMA- 24B. DATE	M. D.	7 -0 : 4	CATION (City, town, or c	
TION DEMOVAL (Specify)	0 + 0	1	2 - 1+	2.1
Darrae October 7, 1950	m. m	25 FUNERAL DIRECTOR	10 aum o	w, moss
DATE RECEIVED BY REGISTRAR'S SIGNAT	One Control	10	101.	3227
LCT & RED	- / // C. C. A	In Natic Kin	allame s	mount
VS 150				1
			851	-6



C-636

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.____

BIRTH NO.			CERTIFIC	CAIL	OF DEATH	registered 1	
1. NAME OF DE	CEASED					2. DATE	
(Type or Print)	HA	RRY		CARTER			ber 1, 1950
3. PLACE OF DE					USUAL RESIDENCE (Y	Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME C		l or instituti	ion, give street add	dress or	Maryland		
HOSPITAL OR	Maryland G	anamal		cation) C.		outside corporate limit	s, write RURAL and give township)
11	Maryland d	energi	HOSPICAL		Baltimore	19-0	
			20	Yrs. O. Mos.	STREET ADDRESS (If		Walter III
	ay in Baltimore			Days	525 N. Gilmor		
5. SEX	6. COLOR OR RACE		E, MARRIED, ED, DIVORCED		DATE OF BIRTH	9. AGE (In years Mo	f Under 1 Year If Under 24 Hours on the Days Hours Min.
Male	Colored		Single		t. 22, 1910	39	
	CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS	OR 11. USTRY	BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Labon		CONS	¥ . V	K Want	Nottaway, Virg		USA
13. FATHER'S N.	AME			14	. MOTHER'S MAIDEN N	AME	
Richard	d Carter				Mary Jenkins		
15. WAS DECEASE(Yes, no or unknown)	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	NO 17	INFORMANT		DDRESS
(100, 200, 2220, 2)	(1.23.1, 1.1.1)	,	SECONT	1.0.	Henrietta Cobb	os 1066 W	. Fayette St.
18. 2.00	. ^		CA	USE OF	DEATH		INTERVAL BETWEEN
18. 3.2.2	E OR CONDITION	DIRECTLY					ONSET AND OEATH
	LEADING TO DEA'	ГН	(A) AC	cute al	coholism		
heart failur	re, asthenia, etc. It mea complication which	ns the diseas	e,		***************************************		
			., 502 10				
	ANTECEDENT CAUS	ES	(B)				
DISEASES	OR CONDITIONS, IN		1G		***************************************		
UNDERLY	ING CONDITION LA		(C)				
Z DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING TO THE OI			(0)		***************************************		
OTHER SI	II IGNIFICANT CONDI	TIONS CO	vi -				
TRIBUTING	TO THE OEATH, BUT	NOT RELATE	D				
7.5			FINDINGS OF	OPERATI	ON		20. AUTOPSY?
							YES NO X
	AL CAUSE WAS		CE OF INJURY		21c. WHERE DID (INJURY OCCUR?	If in Baltimore City, a	give exact location)
O UNDERLYING	OR CONTRIB-	Shout nome,	arminosor y seroes, on	200 DIGE: , 000.3			
	Month) (Day) (Year)	(Hour)	21E. INJURY OC	CURRED	21F. HOW DID INJUR	Y OCCUR?	
FINJURY		m.		T WHILE			
22 I centif	y that I took char	no of the			e held an Insp.	& Inquiry	_ thereon and from
					Autopsy.	Inspection or Inquiry	
and dec	agnce obtained by	resulted t	psy, inspectio rom: natural	causes	iry, find that said d , accident [], suicide	\Box . homicide \Box .	indetermined \Box .
23A. SIGNAT		/ /			238, CHIEF MEDICAL	EXAMINER 23	C. DATE SIGNED
1 Stelle	oular /Y.	Du	reach	M.D.	ASSISTANT MEDICAL MEDICAL INVESTIGAT	ror	10-2-50
24A. BURIAL, C	REMA- 246. DATE		240 NAME OF C	EMETER	R CREMATORY 240. L	OGATION City, town,	or county) (State)
CHINA REMOVAL (S	10-7-1	950	M/1. 16	Ullûb	so tem	Salla	777/0
DATE RECEIVED		SSIGNATL	IRE CI	1/35	UNERAL DIRECTOR	M M	ADDRESS 322
LOCAL REGISTE	RAR	V- Philli	aut 100	M	Whater R MIN	lans H.S.	shine du 16
V C 151				PH	Ham It was		are seen of
V S 151			970	24		0,	170

F-500

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	RIFICATE	OF DEATH	Registered	110,	
1. NAME OF DECEASED (Type or Print) Catherine Fin	n		2. DATE OF OCt.	4, 195	0
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give	ve street address or	A. STATE MO .		I institution : re	sidence admission)
HOSPITAL OR INSTITUTION 3207 Piedmont Ave.	location)	c. CITY OR TOWN (If Baltimore	outside corporate lim	its, write RURA	L and give township)
c. Length of stay in Baltimore	60 Yrs. Mos. Days	D. STREET ADDRESS (If 3207 Piedmon	rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE. MAR WIDOWED, DI Widowed.	VORCED (Specify)	s. DATE OF BIRTH Sept.27,1861	9. AGE (In years last birthday)		Under 24 Hours ours Min.
10A. USUAL OCCUPATION (Givekind of ork done duriog most of working life, even if retired) At Home	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12, CITIZEN WHAT C	OF OUNTRY?
13. FATHER'S NAME Philip Zervas		14. MOTHER'S MAIDEN N. Louise Ge:			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or uokoowo) (If yee, give war or dates of service)	SOCIAL SECURITY NO. NO	17. INFORMANT Mrs.Margaret		ADDRESS	nt Av
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	(C)) yocarditis Herioscherotic (yro.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		pulsers infacts.	0	6 4c	HS
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, feet CAUSE OF DEATH	FINJURY (e.g., ic tory,street,officebldg.,e	or 21c. WHERE DID (1 INJURY OCCUR?	if in Baltimore City,	YES _	NO V
22. I hereby certify that I attended the decea deceased alive on 24, 1930, and the 23A. SIGNATURE	sed from / hat death occur	9 47, 19 , to B red at 5'2 A m., from t 3B. ADDRESS 833 G WY 440 Palls	he eauses and on	that I lass the date state	ed above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Bur 1a1 Date RECEIVED BY LOCAL REGISTRAR REGISTRAR 24B. DATE 24C. N 10 -7 -1950 LOU REGISTRAR SIGNATURE	AME OF CEMETER	RY OR CREMATORY 240. L	altimore	Md . ADDRESS	(State)
VS 150	1115	d. Howard Stroll	8 0201 41.1	093	1

Dr Daniel R. Kohoway 2835 Suganskil Okury Lo 8984

7-520. BALTIMORE CITY HE CERTIFICATE CERTIFICATE	
1. NAME OF DECEASED (Type or Print) Spencer House	2. DATE OF DEATH 10 - 3 - 50
B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
HOSPITAL OR Institution South Baltimore General Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Yrs. Mos. Days	D. STREET AODRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEO, WIDOWED, DIVORCED (Specify)	8. OATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Wood - Cutter	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
John Homas	14. MOTHER'S MAIOEN NAME MALL Speaks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2.16-16-2031	17. INFORMANT AODRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Human	viscular hemorha je fourdays tusise cardi viscular disere manyye
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	nis s cleresit many year
OTHER SIGNIFICANT CONDITIONS CON- HIGH TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.	

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE

22. I hereby certify that I attended the deceased from Lep. 1950, that I last saw the deceased alive on Oct 3 19 50 and that death occurred at a.m., from the causes and on the date stated above. 23A. SIGNATUR

24A. BURIAL, CREMA-248. DATE 246 LOCATION Wity, town, or county)

Burra DATE RECEIVED BY LOCAL REGISTRAR

25 FUNERAL DIRECTOR

ADDRESS

VS 150

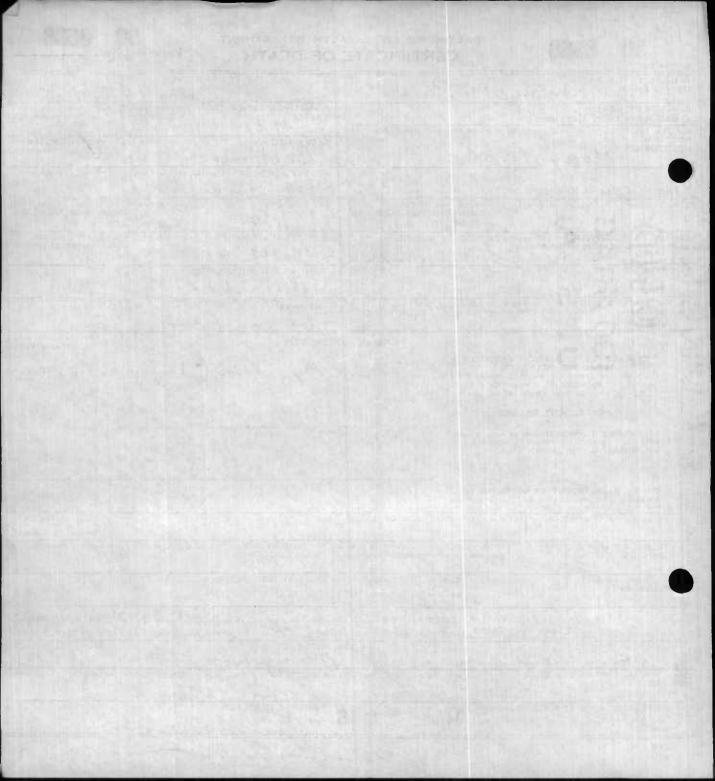
(State)

0 1/3 2 3. 27 who sall lague or His in Section 1 to the state of the Land Section 18 Ha leady Tolk and the state of

P-620

BALTIMORE CITY HEALTH DEPARTMENT

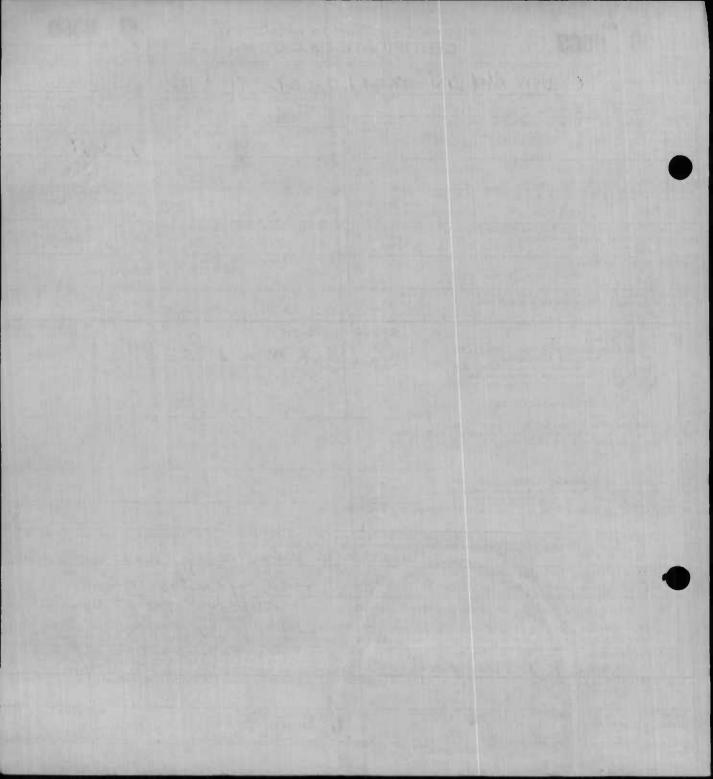
BI	RTH NO.	0.000		CERTIFIC	CATE	E OF DEATH	Registered 1	No.	
	NAME OF D	ECEASED					2. DATE	/	
(T	ype or Print)	103-	eph.	Powe	rs		OF LO	13/50	
Α.		City, Maryland				4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	f institution : residence before admis	
H	FULL NAME OSPITAL OR STITUTION				dress or ocation)	c. CITY OR TOWN (If	outside corporate limi		
		Mercy /t	ospita	~1	Yrs.	D. STREET ADDRESS (If r		town	ship)
C.	Length of s	tay in Baltimore		Life	Mos. Days	449 Murd		5300	
	SEX	6. COLOR OR RAC	7. SINGL	E. MARRIED.		8. DATE OF BIRTH		If Under 1 Year If Under 24	Hours
	M	Wht	1	larried	(Specify)	3/7/1892	last birthday) M	onths Days Hours	Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	10B. KINI	OF BUSINESS		11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF	TDV2
_/	Auditor	- State		2 Covern	non+	Balto, Mo		WHAT COUNT	IRY
13	. FATHER'S				760	14. MOTHER'S MAIDEN NA			
1.65		in Powe		1		Johanna Le	zwis		
(Ye	, no or ookoown)	ED EVER IN U.S. ARM (if yes, give war or de	tes of service)	16. SOCIAL SECURITY	NO.	Jelena F	Dawers	DDRESS	
-	10	1				NAME OF TAXABLE PARTY.	3 Wers	Same	
	1B. 42	0.1		CA	USE	OF DEATH		ONSET AND D	
	DISEA	SE OR CONDITION			1				
	(This doe	LEADING TO DE s not mean the mode	of dving, e.	g., (A)/~	Jou	te Myocardia	1 Intord	un 13 da	YJ.
	heart failt	are, asthenia, etc. It m	eans the diseas	se,					
	injury or	complication which	caused death	n.) DOE 10					
		ANTECEDENT CA	JSES						
Z	DISEASE	S OR CONDITIONS		(B)				****************	
TION		THE ABOVE CAUSE (
CA	UNDERL	YING CONDITION	LAST.						
RTIFICA		11		_ (C)					
RT	OTHER S	SIGNIFICANT CON	DITIONS CO	N-					
CE		G TO THE DEATH, BU							
		OF OPERATION		FINDINGS OF	OPER	ATION		20. AUTOPS	Y ?
AL		U						YES NO	. 7
O	21A. ACCIDI	ENT, SUICIDE,	21B. PL	ACE OF INJURY	(e. g., ie	or 21c. WHERE DID (I	f in Baltimore City,	give exact location)	4
EDICAL	HOMICIDE	(Specify)	about home,	farm, factory, street, of	Sice bldg., e	te.) INJURY OCCUR?			-
7	ID. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJURY O	CCURRI	ED 21F, HOW DID INJURY	OCCUR?		_
	F INJURY				T WHILE	The state of the s			
			m.		T WORK L		A 4 =		
	22. I hereb	y certify that I a	ttended the	deceased from	n Day	N 20 19 , to	CACT 3, 19.	that I last sav	v the
	deeeased a	live on Ox 3	, 195	and that death	h occur	red at 6 4 P.m., from th	he causes and on t	he date stated al	bove.
	23A. SIGNA	TURE 7	1		2	3B ADDRESS	of the same	23c. DATE SIG	NED
	O a	ul J. /Ku	hards	eon M	i. D.	Merry Hoz	grilat	(Cet), 19	150
	A. BURIAL			24c. NAME OF C	EMETE	RY OR CREMATORY 240. LC	CATION (City, town	, or county) / (St	tate)
110	ON REMOVAL (S	1/1- 5	1-50	JT: JOHI	ve L	ONG & REEN	SALTO. Co		
D	ATE RECEIVE	don .	R'S SIGNATU		3. 7	25. FUNERAL DIRECTOR	1	ADDRESS	
	CAL REGIST		7 .4	U	1	8 5 6 0 1	10 1		
	CT - 619	JU 1 75	Total	Villiante, M	150	Medele	lef x for		
	VS 150		- 0	1000		les I	8 x 7	2 med	
				000 9:) (Vorelmo	-	-n 40	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED WEN MELVINE OF (Type or Print) DEATH Oct. 4. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN ochns Fo, ki is nos, . INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 532 M. Curley St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Nov. 8, 1892 mairlea 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) Howard County, Ma. lalto.Police De t. U.S. filer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha A. Smallwood chn L. Smallwood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Gertrude L. Smallwood, wife, above INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) .. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR PRIMARY OR CONTRIBUTING CAUSE OF DEATH. Mard of Balto. Brick Co. D. TIME (Month) (Day) (Year) (Hour) HOY 21E. INJURY OCCURRED Firearms 4:15 Oct. AT WORK 22. I certify that I took charge of the remains described above, held with thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAV. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, of county) 24B, DATE HOLY Ledeemer Ce 1. 4430 Belair Fd. 25. FUNERAL DIRECTOR Continuisk inneral Home, Inc. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



1 P-612

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8570

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	No
1. NAME OF (Type or Print)		N I	PROEF	BSTL	2. DATE OF DEATH Octo	ber 3, 1950
3. PLACE OF A. Baltimore	DEATH: City, Maryland			4. USUAL RESIDEN	ICE (Where deceased lived, I B. COUNTY	
	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside composets lim	its, write RURAL and giv
INSTITUTION	Johns Hopki	ins Hos		Baltimore	The state of the s	township
			Yrs.		S (If rural, give location)	
	stay in Baltimore		La years Mos.		se Street	
Male	White	WIDOW	e, Married. /ED. DIVORCED (Specify) Aarrieu	Mar. 26, 189	52	onths Days Hours Min
10A. USUAL Of ork done during most	CCUPATION (Give kind of t of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
10 517117010		merica	an Brewery	Germany		Germany
13. FATHER'S	NAME Fra	nk Froe	ebstl	14. MOTHER'S MAIL	Mary Schaef	fer
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT Ars. Cenci Pro	pebstl, wife, abo	ADDRESS Ve
RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, III THE ABOVE CAUSE (A) LYING CONDITION LA	F ANY, GIVIN STATING TH	(C)			
OTHER TRIBUTIN	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ED			
_	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYING UTING	NAL CAUSE WAS NG DY OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year) r 3, 1950	(Hour)	ACE OF INJURY (e.g., liarm, factory, street, office bldg., s HOME 21e. INJURY OCCURR WHILE AT WORK AT WORK	513 N. F	lose Street	
				bove, held an Ir	sp. & Inquiry	_ thereon and From
the er	vidence obtained bu	said Auto	nsu. Inspection or l	nguiry, find that s	atopsy, Inspection or Inquiry aid deceased died on tuicide A, homicide D,	he day stated above
23A. SIGNA		roh	e M	ASSISTANT MED. .D. MEDICAL INVES	DICAL EXAMINER 2	3c. DATE SIGNED 10-4-50
24A. BURIAL, TION. REMOVAL (Specify)		24c. NAME OF CEMETE Holy Fedeeler		24b. LOCATION (City, town	
DATE RECEIVI		S SIGNATL	IRE SULL			ADDRESS
V S 151	10011		97A U	1/	. /	40 1/
\ \	1991X		910 4	6	16	4a /

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

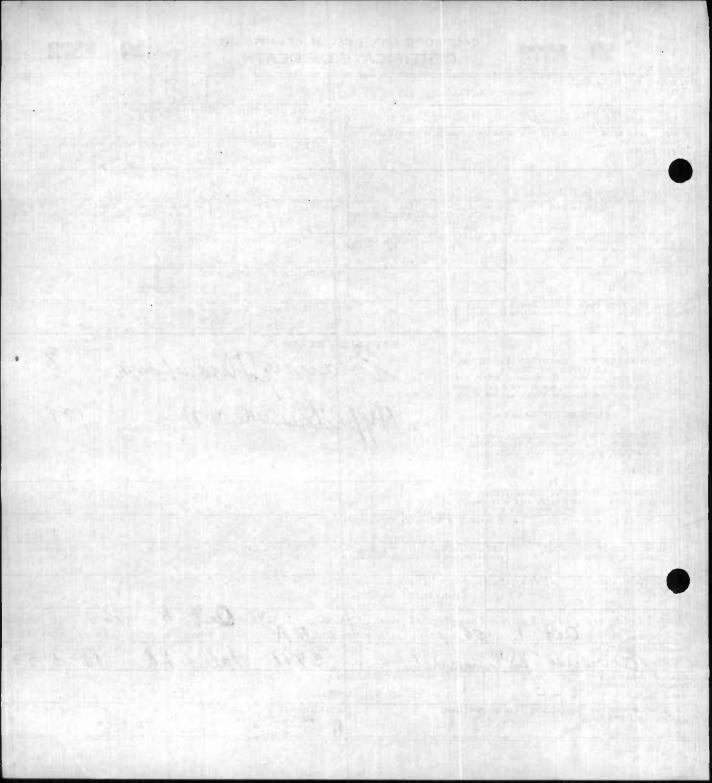
Registered No....

В	IRTH NO.			CERTIFICATI	E OF DEATH	Kegis	tered No	
	NAME OF D		NCIK			2. DATE OF DEATH	ctober 4,	1950
Α.	PLACE OF D Baltimore (City, Maryland	al on implifue	ion, give street address or	4. USUAL RESIDEN A. STATE Maryland	ICE (Where deceased B. COU	lived. If institution	on: residence efore admission)
H	OSPITAL OR			location)	c. CITY OR TOWN Baltimore	(If outside corpor	ate limits, write I	RURAL and give township)
		Sinai Hospit	· al	Yrs.	D. STREET ADDRES	S (If rural, give loca	tion)	
c.	Length of s	tay in Baltimore	55 , e	ars Mos.	2231 4 Ch	ase Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					B. DATE OF BIRTH Feb. 2, 1077	9. AGE (In)	ears If Under 1 Year lay) Months Da	ys Hours Min.
10	A. USUAL OC	CUPATION (Givekind of		OF BUSINESS OR	11. BIRTHPLACE (Sta			IZEN OF
Wor		of working life, even if retired)	at	hone	Uzechoslov	rakia	WH	U.S.
13	FATHER'S		II to II		14. MOTHER'S MAIL			
			CIIC VII			unknown		
15 (Ye	e, no or ueknown)	ED EVER IN U.S. ARMEE (If yee, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Geo. F. Urbanci	k, son, 531]	ADDRESS Pembroke	
	18. E 81	2.4	Lean,	CAUSE	OF DEATH		INT	ERVAL BETWEEN
RTIFICATION	heart failt injury or DISEASE RISE TO T	s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease aused death	(B) Compoun	d comminuted	fracture of	right tib	ia and
ERTIF	TRIBUTING	II SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	ED Ward to a	ontusions and	_abrasions		
U	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER			YE	AUTOPSY?
4EDICAL	UNDERLYIN UTING C	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home,	ACE OF INJURY (e.g., in farm, factory, street, office bldg., e Street	Patterson	Park Ave. n	7 0	3
	F INJURY	er 3. 1950 1.	000	WHILE AT NOT WHILE			automobil	P
Pedestrian struck by automobile 22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above.								on and from
	and de	ath in my opinion	resulted j	from: natural eauses	🗌, aecident 🖾, si	uicide 🔲, homicid	e [], undeterr	mmed [].
	23A. SIGNA	tom 1/800	ZZZ		D. MEDICAL INVES		Octobe	r 4, 1950
T10	AA. BURIAL. (S ON, REMOVAL (S Lyial	Specify) Oct. 7,		24c. NAME OF CEMETE fic.l. Redeemer		430 Delair F		
D.	ATE RECEIVE	D BY REGISTRAR	SSIGNAT		25. CUNERAL DIRECT			
v	CTOT	1808 2					00	

G-640

BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.	00 0375		CERTIFICATI	E OF DEATH	Registere	d No.
	NAME OF D	ECEASED	n Carro			2. DATE OF Oct	. 5, 1950
A.	PLACE OF D Baltimore (FULL NAME	City, Maryland	A. Bel	nord Ave.	4. USUAL RESIDENCE (V A. STATE	Where deceased lived, B. COUNTY	
	STITUTION			location)	c. CITY OR TOWN (If Baltimo		nnits, write RURAL and give township)
	Langth of s	tay in Baltimore	lii	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location) Belnord Ave	
5.	sex ale	6.COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
_	. FATHER'S		Coca Co	ola Co.	Baltimore, Md.		U.S.
13	. FAIRER S	Robert C	arroll		14. MOTHER'S MAIDEN N.	arie Kokta	
15 (Yes	, on or ookoowo)	ED EVER IN U.S. ARMEI (If yes, give war or date avy - #2	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	77 mathan	ADDRESS
	yes			1	Mrs. Marie Carro	il, mother,	ADOVE
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode	TH of dying, e.:	(A) 600	rangy the	surficer	ONSET AND DEATH
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) AUDITIONS OF ANY CAUSES (B)						
RTIFICATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING T	NG DUE TO			
E		11		(c)			
CER	TRIBUTIN	GIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ŁD .			
				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore Cit;	y, give exact location)
	DE TIME	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK	41	Y OCCUR?	
		y certify that I at	tended the	deceased from	rred at 5 Am., from t		50 that I last saw the
	23A. SIGNA	Welle J	Olima	anell m.o.	3711 Jal	els Rd	10-5-50
710 TIC	N. REMOVAL (S	crema. 248. DATE pecify) 10-9-50		24c. NAME OF CEMETE loly redeemer (Cem. 4450 1	elair Rd.	
	ATE RECEIVE CAL REGIST	RAR	SSIGNATI	4 10	25. FUNERAL DIRECTOR Schimmek Fune 2001-3-5 E. Ma	eral Home,	Inc.
U	VS- 150 3	50 6	Emigles.	69046			093d

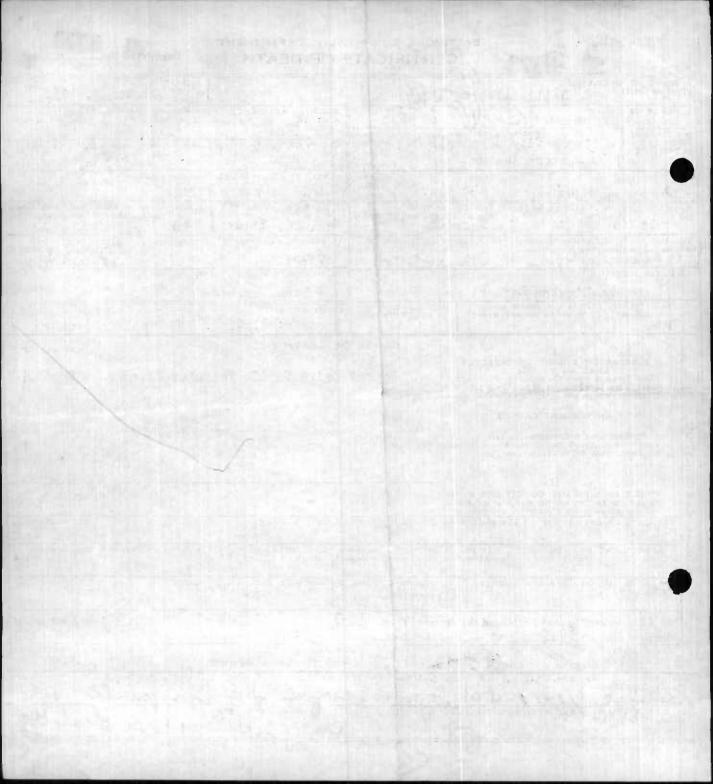


T-250 REA-142204

CERTIFICATE OF DEATH

Registered No.____

B	RTH NO.	-DU (50%	3-11	OEITH TOTT	E OF BEITH		
	NAME OF D		A73	Tames		2. DATE	5 1050
3.	PLACE OF D	EATH:	Alberta	Cura	4. USUAL RESIDENCE (V		stitution : residence
B.	FULL NAME	City, Maryland OF (If not in hospi	tal or institut	ion, give street address or	Maryland	B. COUNTY	before admission)
H	451110110N			ion, give street address or tals location)		f outside corporate limits, v	
	4	940 Eastern	Avenue		Baltimore	2-4-	township)
			20	Yrs. Mos.	D. STREET ADDRESS (If	~	
	Length of s	tay in Baltimore		Jrs. Days	1615 Lawrence	Street	
E	'emale	Negro	Mari	e, MARRIED, /ED, DIVORCED (Specify) ried	Dec. 29, I903	last birthday) Month	der I Yeer If Under 24 Hows hs Days Hours Min.
1C wor	A. USUAL OC	CUPATION (Give kind of of working life, eyen if retired.	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 12	WHAT COUNTRY
) four	emple	ar	Home	Virginia	u	1.5.4.
13	FATHER'S		- 0 .		14. MOTHER'S MAIDEN N	200	
_		Washington L			Rebecca Carter	•	
	s, no or nnknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	VUO				Records: B. C. H	1. 4940 Pastern	Avenue
	18. 44.	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						
	(This does	s not mean the mode ure, asthenia, etc. It me	of dying, e. 1	g., (A) Hypert	ensive Cardio Vas	scular Disease	4 Months
		complication which					
		ANTECEDENT CAU	SES				
Z	DISFASE	S OR CONDITIONS.	IF ANY GIVE	(B)	***************************************	***************************************	
Ĕ	RISE TO T	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO			
C	ONDERE	THE CONDITION E					
브		H		(C)	***************************************		
CERTIFICATION	TRIBUTIN	GIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ŁD .			
1				FINDINGS OF OPER	RATION		20. AUTOPSY2
CA							YES NO
EDI	HOMICIDE	ENT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., if farm, factory, street, office bldg.,	etc.) 21c. WHERE DID (1)	If in Baltimore City, give	e exact location)
	ID. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	ATTENDED
	osi masoki		m.	WHILE AT NOT WHILE			
	22. I herch	y certify that I at	tended the	deceased from 10)-3 , 1950 , to 10)-5 19 50	that I last saw the
	1	live on 10-5	19.50	and that death occur	rred at 11:20Pm., from t		
	23A. SIGNA	TURE	75/_		23B. ADDRESS		23c. DATE SIGNED
_		CA. (100		1940 Eastern Avenu		10-6-50
TI	ON REMOVAL (S	CREMA- Specify)	-50	44C. NAME OF CEMETE	WILL 240	OCATION (City, town, or	e ra
	ATE RECEIVE	RAR	SIGNATU	RE U U	Cheral Director	am littu Å	Practity
=	TOTAL G	1950	AND Mars	18hthanist	10,10		auf
	U VS 150		- M		•	19	2 8



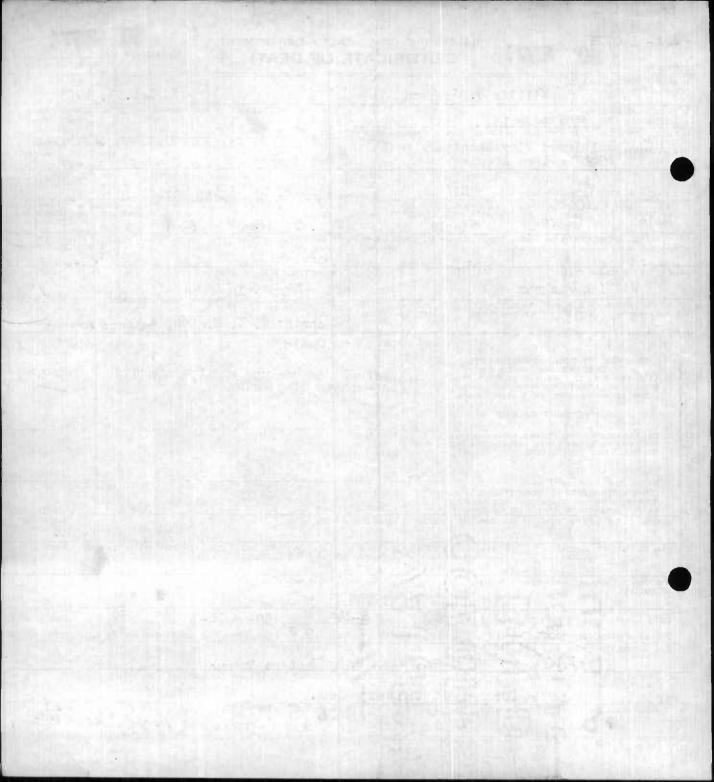
U	do	~	-
REA-	. 1	40	972

BALTIMORE CITY HEALTH DEPARTMENT

1506		240
Registered	No	

50 2574

BI	RTH NO.	2010		CERTIFICATI	E OF DEATH	neg.stered	110
	NAME OF D 'ype or Print)		iam H.	Jackson		2. DATE OF Oct.	3, 1950
A.	FULL NAME OSPITAL OR ISTITUTION	City, Maryland Ba	y Hosp	ion, give street address or	4. USUAL RESIDENCE A. STATE Maryland c. CITY OR TOWN Baltimore	B. COUNTY	f institution; residence before admission) its, write RURAL and give township)
	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 1129 E. Lexin		
	Male	Negro	WIDOW	E. MARRIED. /ED, DIVORCED (Specify) ngle	Dec. 7 1885	64 .	if Under 1 Year on the Days Hours Min.
worl	Janit.	NAME	Apt.	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland 14. MOTHER'S MAIDEN		U.S.A.
		liam Jackson			Mary Cole		
(Ye	NO O DECEASI	ED EVER IN U.S. ARMED (If yes, give war or dated	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.		address ern Avenue
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode core, asthenia, etc. It mea complication which of	rH of dying, e. a ns the diseas aused death		OF DEATH losis of lung a rtem diagnosis)	nd brain(gross	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	OTHER S	S OR CONDITIONS, INTERPRETATION OF THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION TO THE DEATH, BUT	STATING THE	(C)			
C	TO THE D	ISEASE OR CONDITION	CAUSING		ATION	•	20. AUTOPSY?
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	
	ID. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJ	JRY OCCUR?	
	22. I herch deceased a 23A. SIGNA	y certify that I att live on 10-3-5	ended the		, 192, 00		the date stated above
	4A. BURIAL.		N	M. D. LO 24C. NAME OF CEMETE	940 Eastern Aver	LOCATION (City, town	10-5-50 n. or county) (State)
D	Burial ATE RECEIVE	IO/9/I	47	Mt Calvery	Com. B:	lson 1000	Bur Day
0	VS 150		in ic	7707	4		0136



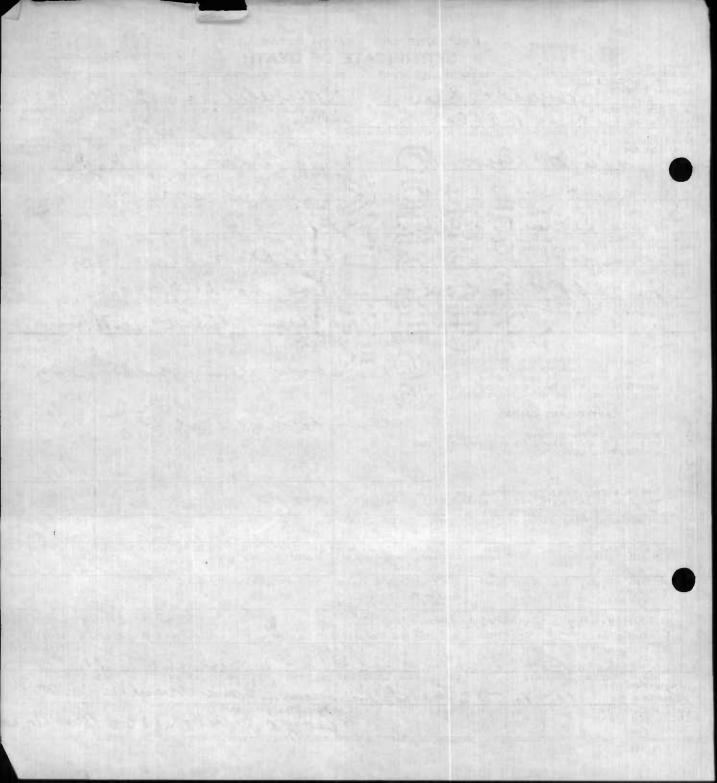
5-363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF	DEATH

9						74.7	
J.	eg	15	16	re	Q.	TA	0

I. NAME OF DECEASED	OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) murble sluvart	Marel) DEATH Bat 4/1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland Saltimore City, Ma	S. STATE B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
institution 416 n. ann. M	Balling on township)
	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 2/ yrs, Mos. Days	416 21. Cenn, St
	DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours
Tenale Creyel wildow (Specify)	S-16.1906 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) 1 Truck 1 INDUSTRY	aaes, 2118 WHAT COUNTRY?
	4. MOTHER'S MAIDEN NAME
Charles 242 hold	Rosa Bordley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
15. W/S DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (II yes, give war or dates of service) SECURITY NO.	7. INFORMANT ADDRESS
- Av	Millian Slawart 410 M. lum st
18. 4-221 CAUSE OF	F DEATH INTERVAL BETWEEN DNSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 1 2 1 0 2 2 0 0
(This does not mean the mode of dying, e.g., (A)	over Temorrhage 2 days
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Cerson O
Z (8) (B)	dis vas cular may,
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TION 20. AUTOPSY?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TION 20. AUTOPSY7 YES NO
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT	TION 20. AUTOPSY7 YES NO 21c. WHERE DID (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT CONDITIONS OPERAT CONDITIONS OF OPERAT CONDITIONS OF OPERAT CONDITIONS	TION 20. AUTOPSY? YES NO NO NOTIFIED (If in Baltimore City, give exact location) INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	TION 20. AUTOPSY? YES NO NO NOTIFIED (If in Baltimore City, give exact location) INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 1	20. AUTOPSY? YES NO 1 21c. WHERE DID (If in Baltimore City, give exact location) 1 INJURY OCCUR? 21f. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	20. AUTOPSY? YES NO 1 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	20. AUTOPSY? YES NO 1 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT HOMICIDE (Specify) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 19A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 4, 195, and that death occurre 23A SIGNATHRE 23A SIGNATHRE	20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 23C. Date SIGNED 12 No Market I last saw the date stated above. 23C. Date SIGNED
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21B. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT	20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 19A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 4, 195, and that death occurre 23A SIGNATHRE 23A SIGNATHRE	20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 23C. Date SIGNED 12 No Market I last saw the date stated above. 23C. Date SIGNED
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 19A. DATE (Specify) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 194 and that death occurre 23A SIGNATHE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY M. D. DATE RECEIVED BY REGISTRAR'S SIGNATURE	20. AUTOPSY? YES NO 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occurre 23 A SIGNATURE 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY TION REMOVAL (Specify) A COUNTRE AT WORK AND A COUNTRED OF THE ATTENDANCE AND A	20. AUTOPSY? YES NO 1 21C. WHERE DID (If in Baltimore City, give exact location) 1 NJURY OCCUR? 21F. HOW DID INJURY OCCUR?



10-243

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

PI	BTH NO		CERTIF	ICATE	OF DEATH	Registered N	0,
	NAME OF D	ECEACED					7 7
(T3	pe or Print)	Emma	DAShie	/ds		2. DATE OF DEATH	5/50
Α.		City, Maryland		A	STATE	(Where deceased lived, If i	nstitution: residence before admission)
HO	FULL NAME SPITAL OR STITUTION	Provide n	tal or institution, give street Hospet	location)	CITY OR TOWN	(If outside corporate limits	write RURAL and give township)
C.	Length of s	tay in Baltimore	140?	Yrs. Mos. Days	838 7	(If rural, give location)	400
5.	SEX T	Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCE		DATE OF BIRTH		Under 1 Year H Under 24 Hours ths Days Hours Min.
WOT'	A. USUAL OC done during most of A. FATHER'S N	CUPATION (Give kind of working life, even if retired)	Self-emplo	SS OR 1 NDUSTRY	1. BIRTHPLACE (State of	land med	12. CITIZEN OF WHAT COUNTRY?
15. (Yes	WAS DECEASE no or unknown)	ED EVER IN U, S. ARME (If yea, give war or date		ITY NO.	Fannil 7. INFORMANT	All A	DRESS
	No					Murray x	Interval Between
	(This does heart failu	SE OR CONDITION LEADING TO DEA a not mean the mode tre, asthenia, etc. It mes complication which	DIRECTLY TH of dying, e.g., (A)	Auric		br. llation	ONSET AND DEATH
ERTIFICATION	OTHER S	ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L, II SIGNIFICANT COND TO THE DEATH, BUT	FANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED	Arter Sen		Ht. Diseas	se
AL C		F OPERATION	198. MAJOR FINDINGS	OF OPERAT	ION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	21B. PLACE OF INJU about home, farm, factory, stree			(If in Baltimore City, g	1
	ID. TIME (Month) (Day) (Year	(Hour) 21E, INJURY WHILE AT WORK	OCCURRED NOT WHILE	21F, HOW DID INJU	URY OCCUR?	
		ive on 10 - 5.		ath occurre		n the causes and on th	
24	A. BURIAL,	REMA- 24B. DATE		M. D.	Condet	LOCATION (City, town,	10-5-5
TIO	Bure 1	pecity 10/9/3	o mit	Ruk	um /2	salto. my	
16	CAL REGIST	RAR DU REGISTRAR	S SIGNATURE	1.00	SCHUNERAL PIRECTO	aw-802 Ma	dies are.
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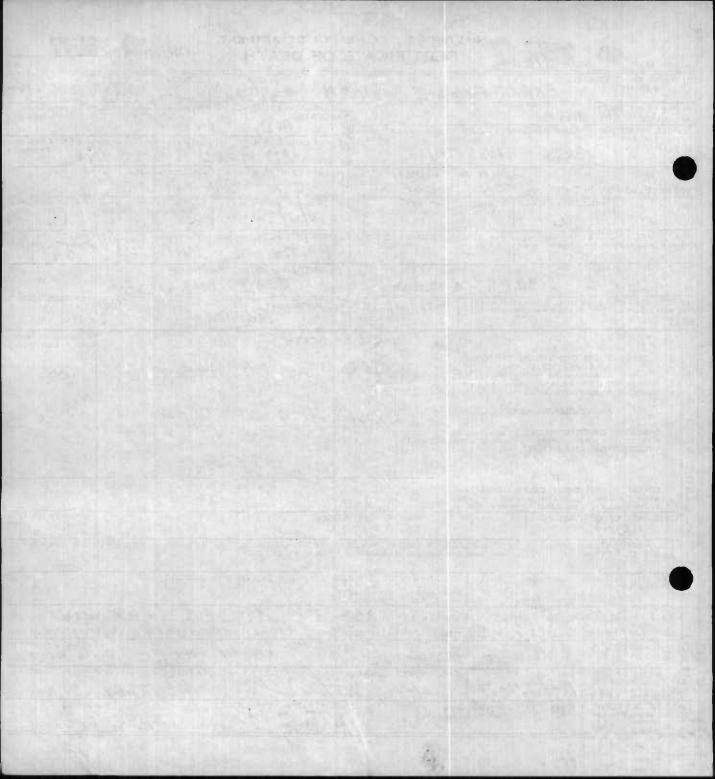
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Re	gist	ered	No
***	P -12 4	- a - cu	4 100

BIRTH NO. 50	-2/203	CERTIFICAT	E OF DEATH	xteg.sveree	1 110.
1. NAME OF DECEASED (Type or Print)		MAIE GRE	EN (NATAL.	2. DATE OF	TOBER 4, 1950
3. PLACE OF DEATH:		MAIE GIVE	4. USUAL RESIDENCE	11 DEATH	
A. Baltimore City, Ma		tion, give street address of	WA. STATE	B. COUNTY	before admission)
HOSPITAL OR		location		If outside corporate lin	nits, write RURAL and give
luel	rcy Hosp.		BALTIMO	re 2	7-/ township)
	CHILD	Mos	D. STREET ADDRESS (
c. Length of stay in B		HOUR Days.	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year If Under 24 Hours
F	WIDOV	VED, DIVORCED (Specify)	10/4/50	last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATIO work doneduring most of working life	N (Givekind of 10B. KINI o, even if retired)	O OF BUSINESS OR INDUSTRY		13. /	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	77		BALTIMORE,	/KO.	USA
	TOSCPH	GREEN	14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN		16, SOCIAL		MORRISSE	
(Yes, no or nnknown) (If yes, a	ive war or dates of service)	SECURITY NO.	17. INFORMANT MOTH	er	SAMO
18. 76 1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	ONDITION DIRECTLY	COL	REBRAL AN	NVIA	
(This does not mean	the mode of dying, e. ia, etc. It means the disease	g., (A)	Ceptone 777		No
injury or complicat	tion which caused death				MAL
1.	DENT CAUSES	CONST	TRICTION OF	CORD	WN
DISEASES OR CON	DITIONS, IF ANY, GIVE	NG HE OUE TO	***************************************	***************************************	
UNDERLYING COL					
II.	11	(C)			
	ANT CONDITIONS CO				
TO THE DISEASE OF	CONDITION CAUSING	IT	ATION		LOO ALITOPOYA
	19B. MAJOR	FINDINGS OF OPER	KATION		20. AUTOPSY?
U	IDE. 218. PL.	ACE OF INJURY (e. g., i	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	7, give exact location)
HOMICIDE (Specify) about nome,	iarm, iactory, street, onice bidg.,	INJURY OCCURY		
ID. TIME (Month)		21E. INJURY OCCURR		RY OCCUR?	
	m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify	that I attended the	deceased from 2A	NL 10/4, 1950, to	3 Auc 10/4, 19	50, that I last saw the
deceased alive on	10 14, 19 50,		rred at 3 A m., from	1 0	the date stated above.
23A. SIGNATURE	Joan A =	Ferres M.D.	herey	Hosp.	10(4(80
TION KEMOVAL (Specify)	DXX. MIGITA	24c. NAME OF CEMETE	RY OR GREMATORY 240.	Balles	
DATE RECEIVED BY R	EGISTHAR'S SIGNATU	75.0	25. RUNERAL DIRECTOR	9	ADDRESS
CT - 61950	4 =	1/1/2000	Svenny / Ethi	mucre 42	Hexagenoodke
VS 150			14,		1100
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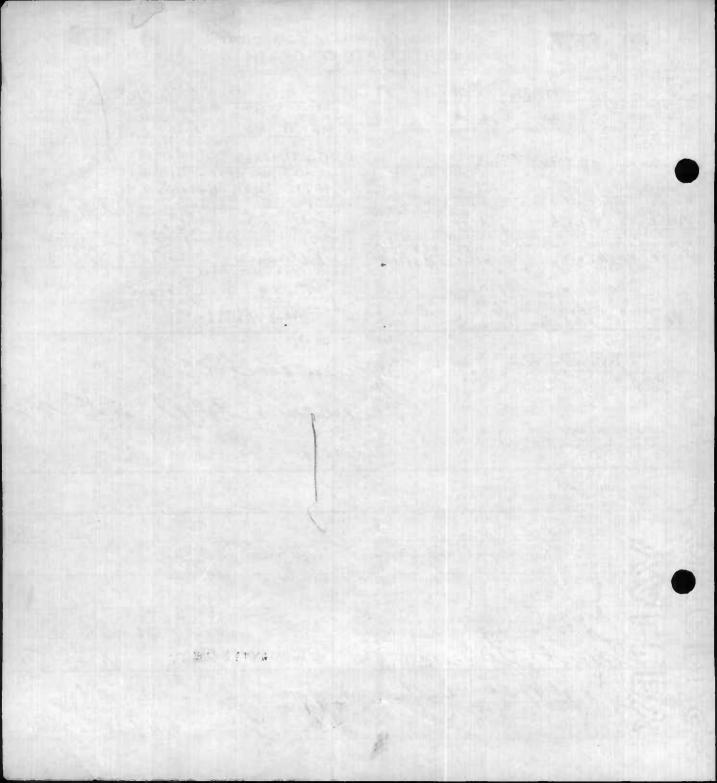


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CERTIFICATE OF DEATH

Re	ois	tered	No_	

В	IRTH NO.			ERTIFICAT	E OF DEATH	Registere	i No.
	NAME OF (Type or Print)		RY MOR	RGAN		2. DATE OF DEATH OC	t 10.1950
	. PLACE OF I	City, Maryland	051 6	0	4. USUAL RESIDENCE	(Where deceased lived.	If institution: residence
8.	FULL NAME		tal or institution	n, give street address or	MARYLAND	B. COUNTY	before admission)
	OSPITAL OR			location)	C. CITT OR TOWN	If outside corporate lin	mits, write RURAL and give township)
	3	WHIS HOPKINS	HOSPITE.		BALTIMORE	27	township)
	I amouth of	otania Dalima		Go Yrs.		If rural, give location)	
	. SEX	stay in Baltimore	7. SINGLE.	MARKIED.	4711 PARK	HEIGHIS AV	
1	MALE	White	WIDOWEL	D, DIVORCED (Specify)	4-12-83	last birthday)	Months Days Hours Min.
10	A. USUAL O	CUPATION (Give kind of		F BUSINESS OR	11. BIRTHPLACE (State or		I 12. CITIZEN OF
Z	Acres	of working life, even if retired	COMMISSI OF MOTOR	INDUSTRY	Virginia		WHAT COUNTRY?
13	FATHER'S	NAME	00 / 10/0/4	V BIHICKES	14. MOTHER'S MAIDEN	NAME	1.0.5.79.
	B	ensamin	Morgan		mara a	· Grassit	t
15 (Ye	NAS DECEAS no or unknown	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17 INFORMATIO	S HOSPITEI	ADDRESS
	18. 1 / 2	- securing	MANALES.	MINE.		- HADITIE	INTERVAL BETWEEN
	10-	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH	1	ONSET AND DEATH
		LEADING TO DEA	TH	(A) SBC	(nusus)	(lel)	
	heart fail	ure, asthenia, etc. It mes complication which	ans the discase.	DUE TO			
		ANTECEDENT CAU		1/1/11		800	0 1-214M
Z				(8)	enoma i	y egg	RA (
TION	RISE TO	S OR CONDITIONS, I	STATING THE	DUE TO			
∢	UNDERL	YING CONDITION LA	ST.	(0)	μq		
TFIC		11					
ERTI	OTHER S	G TO THE DEATH, BUT	TIONS CON-				
Ü	TO THE E	DISEASE OR CONDITION	CAUSING IT.	•••••••••••••••••••••••••••••••••••••••			
CAL	19A. DATE	OF OPERATION 1	98. MAJOR F	INDINGS OF OPER	ATION		20. AUTOPSY?
AEDIC	21A. ACCIL LYING OCAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACI	E OF INJURY (e. g., in n,factory,street,office bldg., e	o or 21c. WHERE DID	(If in Baltimore City	, give exact location)
	ID. TIME	(Month) (Day) (Year	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
				ORK NOT WHILE			
	22. I herel	y eertify that I att	ended the de	eeeased from 10	-3 1950, to	10-6 19	that I last saw the
	deceased a		, 1959 an	d that death occur			the date stated above.
	23A. SIGNA	assid (Luke	us) M. D. 2	JOHNS HUYKING MU	opiia.	10-6-50
24 TIC	AA. BURIAL,	CREMA- 248. DATE	241	C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tow	n, or county) (State)
	busial		50	Ballimore	naponal &	altimore	.md.
L	ATE RECEIVE	TRAR REGISTRAR	SSIGNATUR	0000	2 FUNERAL DIRECTOR		ADDRESS
عم	c1051		- 1111:	116 19	6. lemend some	non, 4611/6	rek / Leighto
U	VS 150		,	3	6		- 1/- 1
				300	72		0479



F-630

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.			CERTIFICATI	E OF DEAT	T	red No.
1. NAME OF DECEAS (Type or Print) CORT		FORD,	JR.		2. DATE OF DEATH	Oct. 5, 1950
	Maryland (If not in hospits		ion, give street address or location)	A. STATE D.C	ENCE (Where deceased li- B. COUN	ved. If institution; residence TY before admiss e limits, write RURAL and
INSTITUTION	Marine H				ington	towns
c. Length of stay in	Baltimore	11 d	Yrs. Mos. Days		ess (If rural, give locating and St. NW	on)
	LOR OR RACE	7 SINGL	E. MARRIED. VED, DIVORCED (Specify) MATTION	8. DATE OF BIRTH 4/12/24	9. AGE (In ye last birthda 26	ars H Under 1 Year H Under 24 y) Months Days Hours N
10A. USUAL OCCUPA work done during most of work to	g life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME C. Fentor	n Ford, Si	î o.		14. MOTHER'S MA Harriet V		
15. WAS DECEASED EVE (Yes, oo or uokoown) (If	R IN U. S. ARMED res, give wer or deter WW 2	FORCES? of service)	16. SOCIAL SECURITY NO. 544-14-5498	17. INFORMANT Records-	US Marine Hos	ADDRESS ital,Balto,Md.
(This does not repeat failure, ast injury or complement	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE Hema. (A) Che s lung				oma, primary letastasis to	onset and de More the 2 yrs.
RISE TO THE AB	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
OTHER SIGNIF	HE DEATH, BUT	NOT RELAT	ED			
19A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AUTOPSY YES X NO
Y 21A. ACCIDENT. S HOMICIDE (Spe	UICIDE, ecify)	21B. PL/ ebout home,	ACE OF INJURY (e. g., is farm, fectory, street, office bldg., c	or 21c. WHERE D		City, give exact location)
ID. TIME (Month) (Day) (Year)		21E. INJURY OCCURRI		INJURY OCCUR?	
deceased alive or	oct. 5	, 19 50	and that death occur	ot. 24 , 1950 red at 10:35Pm.	, toOct. 5 , from the causes and	19.50 that I last saw lon the date stated about 23c. DATE SIGN
John L. Wil 24a. BURIAL, CREMA TION, REMOVAL (Specify		cal Di	rector M.D.	US Marine H	ospital, Balto,	Md. 10/6/50
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	7 6 6	Fort Lincol	S. FUNERAL DIR	Bladensl	address Ball M
CT va(150)DU	The salie	0	Walaute !	Nm·S.	coney + Do	0.56 e

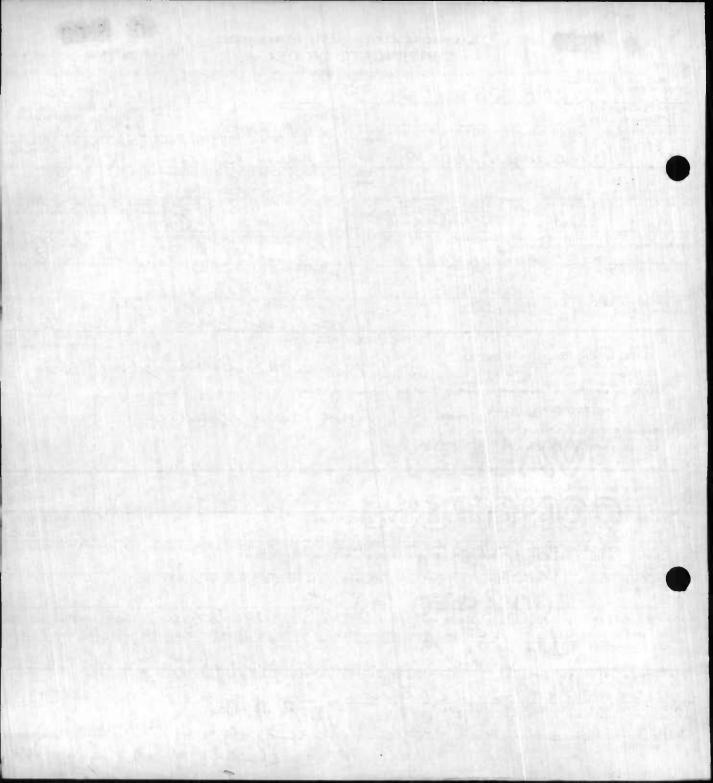
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

B	IRTH NO. CERTIFICATI	E OF DEATH Registered No.	
1.	NAME OF DECEASED	2. DATE 1.0	, –
	Type or Print) OLIVER STONESIFE		6-50
3 A	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		COLL
11	University Hospital	union Bridge	township)
	Yrs.	D. STREET ADDRESS (If rural give location)	
	Length of stay in Baltimore Days	Broadway	500
5	SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)		er Year If Under 24 Hours s: Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	1868 82	
	A. USUAL OCCUPATION (Give kind of k done during most of worklog life, even life tired) INDUSTRY		CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.8.
	not Brings	Just Kalley	
1: (Y.	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL SECURITY NO.	17, INFORMANT ADD	RESS A
	s, no or uotoowo) (11 yes, give war or dates of service) SECURITY-NO.	18st and Storule U	Levero / Les black
	18. 422.1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	iosclerotic cardionascular pliseasc	150000
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Secret Vice provide a many fine land	13 days
	injury or complication which caused death.) DUE TO		
7	ANTECEDENT CAUSES	ioselerosis generalized	Markenon
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
CAJ	UNDERLYING CONDITION LAST. (C)	· · · · · · · · · · · · · · · · · · ·	
RTIFI	11		
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
AL	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION	YES NO
DIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in both home for forter street of the street o	or 21c. WHERE DID (If in Baltimore City, give	
Ū	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	INJURY OCCUR?	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY		
	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from Oc-	t 1, 1950, to Oct. 6, 1950, t	hat I last saw the
	deceased alive on Oct. 6, 1950, and that death occur		date stated above
	Robert T. Jarher M.D.	University Hospital	Oct. 6,1950
	AA. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 10-9-50	RY OR CREMATORY LAD. LOCATION (City, town, or	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. RUNERAL DIRECTOR	DORESS 092
	OCT - 71050 Butto to Williams Miss	IV W Harrier totor	2 1-4
	VS 150	Aller 12. 0 00 F71. 61.	000, 410
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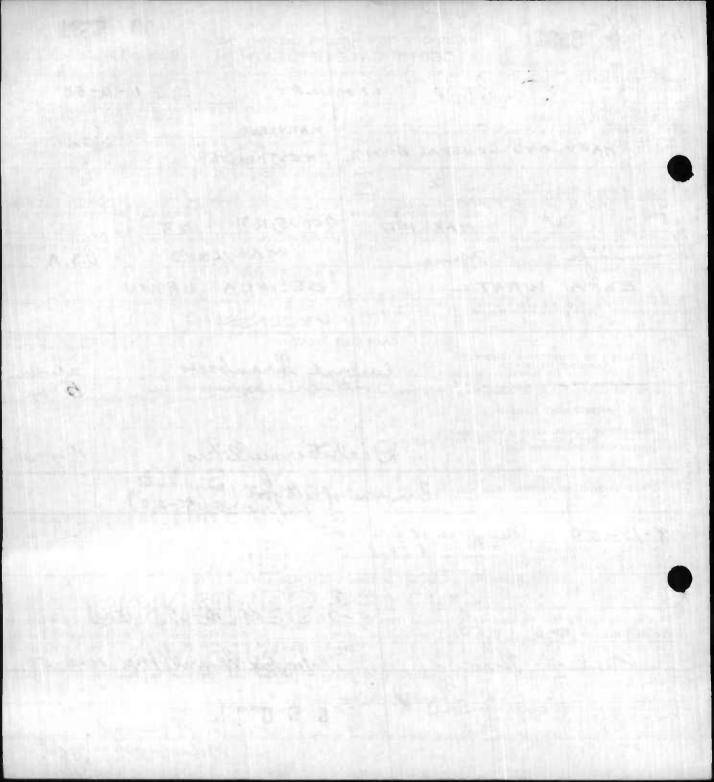


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BALTIMORE CITY HEALTH DEPARTMENT

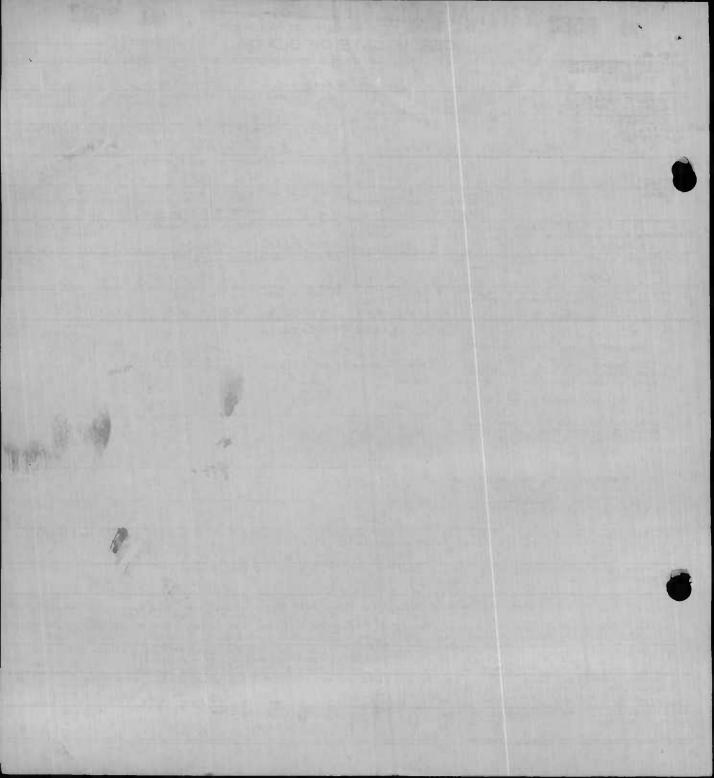
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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF OECEASED 2. DATE (Type or Print) LAMBERT OF 10-6-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND Larro location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION MARYLAND GENERAL HOSPITAL WESTKINSTER D. STREET AOORESS (If rural, give location) TIST Mos c. Length of stay in Baltimore Dave 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) OCT 25, 1871 MARRIED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARYLAND Housevila 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BELINDA WANTZ BROWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoown) [(If yes, give war or dates of service) SECURITY NO. DECEASED INTERVAL BETWEEN 2604 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION OIRECTLY Cerebral thrombox LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE calles mellites UNDERLYING CONDITION LAST. FIC RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED til TO THE DISEASE OR CONDITION CAUSING IT. U 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA 211. PLACE OF NJULY M. g., in or about home, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE! WORK 1950to 10 -6 1950 that I last saw the 22. I hereby certify that I attended the deceased from 3-7 deceased alive on 10-6 19 50 and that death occurred at __m., from the causes and on the date stated above. 23c. OATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY 25. SUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 Museller



1	13-620	582 CERIIFI	SALTIMORE CITY	HEALT	TH DEPART	MENT	50	8582	
В	IRTH NO		CERTIFICA	ATE C	F DEAT	Ή	Registere	d No	
	. NAME OF DECEA Type or Print)	SED MILL.	en Lea	301	te	2	. DATE OF DEATH	0/1 /5	d
A	. PLACE OF DEATH Baltimore City,	Maryland		A. S	USUAL RESID	ENCE (Wher		l. If institution : rebefore	esidence admission)
H	FULL NAME OF		titution, give street addre		CITY OR TOWN	(If out	side corporate l	imits, write RURA	AL and give
-	UNION	Meagorial	Hozpitul	rs. D. 5	STREET ADDR	ESS (If rura	l, give location	FO 0	Carrie
	ength of stay in	n Baltimore 4	+= M	los.	_	36 le	1 Bu	1/2 gx	
3	.SEX 6.CC		IGLE, MARRIED, DOWED, DIVORCED (Sp.		ATE OF BIRTI	H 83 9.	AGE (In years last birthday)	If Under I Year If Months Days H	Under 24 Hours ours Min.
WOI	DA. USUAL OCCUPA	TION (Give kind of 108. K		₹ 11.	BIRTHPLACE (12. CITIZEN	
	Custodia		y School	S		1LAn	9	4.5	· H.
1.	3. FATHER'S NAME	AM T. 7	BUDKE		MOTHER'S MA				
T	5. WAS DECEASED EVE	R IN U. S. ARMED FORCE yes, give war or dates of service	16. SOCIAL SECURITY N	17.	INFORMANT	7,7010	7000	ADDRESS	
(No	NONE	215-09-24		MARY S.	BURKE	2236 1	N. BALZ	6. St.
	18. 420.1	1	CAUS	SE OF	DEATH				L BETWEEN
	LEA	CONDITION DIRECT		0		1			
	(This does not a heart failure, ast	mean the mode of dying henia, etc. It means the d lication which caused d	sease,	0.7.6	~ 7	1. 1. 5.	Y 0 8 5 13		************
	ANTE	CEDENT CAUSES							
RTIFICATION	RISE TO THE AB	CONDITIONS, IF ANY, O DOVE CAUSE (A) STATIN CONDITION LAST.		*************	***************************************		••••••••••••		***************************************
ICA			(C)						
ERTIF	TRIBUTING TO	II FICANT CONDITIONS THE DEATH, BUT NOT RE TO OR CONDITION CAUSIN	LATED						
Ü	19A. DATE OF OP		OR FINDINGS OF O	PERATIO	N			20. AU	TOPSY?
AL	21a. EXTERNAL C	CALISE WAS 218.	PLACE OF INJURY (e.	g. in or l	21c. WHERE D	OID (If in	Baltimore Cit	y, give exact loc	NO C
EDIC	PRIMARY OR CO	NTRIBUTING about he	ome, farm, factory, street, office b		NJURY OCCU			J, 8100 C. 200 100	*****
MAN	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCL	HILE	21f. HOW DID	INJURY O	CCUR?		
h	22. I certify the	at I took charge of t	he remains describe	d above	, held an	LASPI	et.in	thereon o	and from
	the evidence and death is	obtained by said An my opinion resulte	utopsy, Inspection of from: natural car	or Inqui	ry, find that	said decea	ection or Inqui sed dicd on homicide	the day state	ed above.
	23A. SIGNATURE	PAfrit	2 2		23B. CHIEF ME	EDICAL EXA	MINER	23C. DATE SIG	
2. TI	4A. BURIAL. CREMA ON REMOVAL (Specify,	CAR DATE	24C. NAME OF CEM		CREMATORY		TION (City, to	wn, or county)	(State)
D.	ATE RECEIVED BY	REGISTRAR'S SIGN	I WESTE	TRY 1	UNERAL DIR	AJA L	.TIMOI	ADDRESS	٧,
	OCAL REGISTRAR		Williams, M.	1	EO.L. S	chwa	b 210	, FREdy	RICK
VS	151	- 4	770	8V			0940	UNF	TUE

COCCETT



ВІ	B - 6	20 50 8583			EALTH DEPARTMENT	Registered No	583
	NAME OF D		LLIAN M	A V BROOKS		2. DATE OF DEATH Octobe	er 5, 1950
А. В. НО	PLACE OF D Baltimore (FULL NAME DSPITAL OR STITUTION	Of (If not in hos	pital or institution		c. CITY OR TOWN (I Baltimore	B. COUNTY f outside corporate limits,	before admission
	-	tay in Baltimore		Yrs. Mos. Days		nelm Street	-
	Female	White	MIDOWE	MARRIED, ED, DIVORCED (Specify)	JUNE 12, 1943	last birthday) Mont	nder I Year If Under 24 Hours ths: Days Hours Min.
work	. FATHER'S	CUPATION (Give him of working life, even if retired to the control of the control	No No	OF BUSINESS OR INDUSTRY	14. MOTHER'S MAIDEN N	n d	WHAT COUNTRY
		D EVER IN U. S. ARI	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT WALTER BROOM		DRESS
	(This does	SE OR CONDITIO LEADING TO DI s not mean the mod ire, asthenia, etc. It r complication which	EATH e of dying, e.g. neans the disease	(A) Ruptu	OF DEATH		INTERVAL BETWEET ONSET AND DEATH
ATION	RISE TO T	ANTECEDENT CASS OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	. IF ANY, GIVING	a anexex	peritoneal hemorr		
ERTIFICATION	TRIBUTING	II SIGNIFICANT CON TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELATED		4		
AL CI	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
S		NAL CAUSE WAS		E OF INJURY (e. g., i m, factory, street, office bldg.,		If in Baltimore City, giv	ve exact location)

Pratt Street near Payson Street

UTING CAUSE OF DEATH. Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 1950 8:00A.m.

NOT WHILE

21F. HOW DID INJURY OCCUR? Struck by an automobile

22. I certify that I took charge of the remains described above, held an Inspection & Inquirythereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident M, suicide [], homicide [], undetermined [].

23A, SIGNATURE

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY

BURIAL DATE RECEIVED BY LOCAL REGISTRAR

23c. DATE SIGNED October 6.

20 0004	EALTH DEPARTMENT E OF DEATH Registered No
1. NAME OF DECEASED (Type or Print) (FRANK REED) FRANCIS REID	2. DATE OF DEATH October 4, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission) Maryland
Provident Hospital Yrs. Mos. Days	Daltimore D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify male colored A A GUALANTEE)	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	mary Raid
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	The paner Rid 1410 monate
DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH ONSET AND DEATH
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PATION 20 AUTOPSY2

Z1A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about h UTING CAUSE OF DEATH.

Z1D. TIME (Month) (Day) (Year) (Hour) NO X YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., lu or about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED FINJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\), suicide \(\), homicide \(\), undetermined \(\).

23B, CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY 24B. DATE

ADDRESS

DATE RECEIVED BY

STORE THE STREET, SHE STREET, STREET,

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1-	23	6		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Res

Registered No.....

P	RTH NO.	, <u> </u>	CERTIF	ICATE	E OF DEATH	Registered 1	No.
	NAME OF D	FCFASED				2. DATE	
	ype or Print)		The war Award			OF	4 1050
3. A.	PLACE OF E		Pusateri 406 Harford Roa	đ	4. USUAL RESIDENCE (W	Vhere deceased lived. If B. COUNTY re, Maryland	
В.	FULL NAME OSPITAL OR STITUTION		ul or institution, give street :	address or location)	c. CITY OR TOWN (If		ts, write RURAL and give township)
6	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If		
5.	SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCEI WIDOW		8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	ff Under I Year H Under 24 Hours onths Days Hours Min.
10 work	A. USUAL OC done during most	of working life, even if retired)	108. KIND OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or for Tunis, Afric		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN N.		
	Anth	ony Pace			Mary ?		
	. WAS DECEAS	ED EVER IN U.S. ARMED			17. INFORMANT	-	ADDRESS
(Ye	a, no or nuknown)	(If yes, give war or date	of service) SECURI	TY NO.	Albert Pusateri		
ERTIFICATION	(This doe heart failtheart failth	SE OR CONDITION LEADING TO DEA: so to mean the mode of ure, asthenia, etc. It mes complication which of the complication which complication will be complicated by the complication of the complex of the complication of the complication of the complex of the	DIRECTLY TH Of dying, e. g., nus the disease, aused death.) DUE TO SES (B) F ANY, GIVING STATING THE DUE TO ITIONS CON- NOT RELATED	aen C	of DEATH telahae my Selun my ocors	Failure is dets	INTERVAL BETWEEN ONSET AND DEATH
U		OF OPERATION 1	98. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
A							YES NO
MEDICAL	HOMICIDE	ENT. SUICIDE, (Specify) (Month) (Day) (Year)	21B. PLACE OF INJUF about home, farm, factory, atreet (Hour) 21E. INJURY	,office bldg.,	etc.) INJURY OCCUR?	If in Baltimore City, — Y OCCUR?	give exact location)
	INJURY		m. WHILE AT	NOT WHILE			
2	deceased of	CREMA- 24B. DATE	ww	nth occur	rred at SAm., from to 38. ADDRESS QUY 2. BU	the causes and on t	10/6/50
11	on, REMOVAL (Burial		, 1950 Holy Re	deeme	r	Baltimore	
	ATE RECEIVE	TRAR REGISTRAR	S SIGNATURE	0	25. FUNERAL DIRECTOR	900 E. Bidd	ADDRESS
10	VS/150	IV LANGE TO	A				Α

the director will be dead and the first and the second second

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 1927. N. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street are HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 6. COLOR OR RACE 5. SEX . MARRIED 8. DATE OF BIRTH AGE (In years) Il Under I Year last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A, USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIR GIPLACE (State or foreign country) 12. CITIZEN OF work done during most of workloadife even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ummer 5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DA YES 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 1990that I last saw the deceased alive on Oct. 5, 19 30 and that death occurred at 100 4.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED were 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (State)

523 419

FUNERAL

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DIRECTOR

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REGISTRAR'S SIGNATURE

asurial

DATE RECEIVED BY

LOCAL REGISTRAR

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arre

ADDRESS

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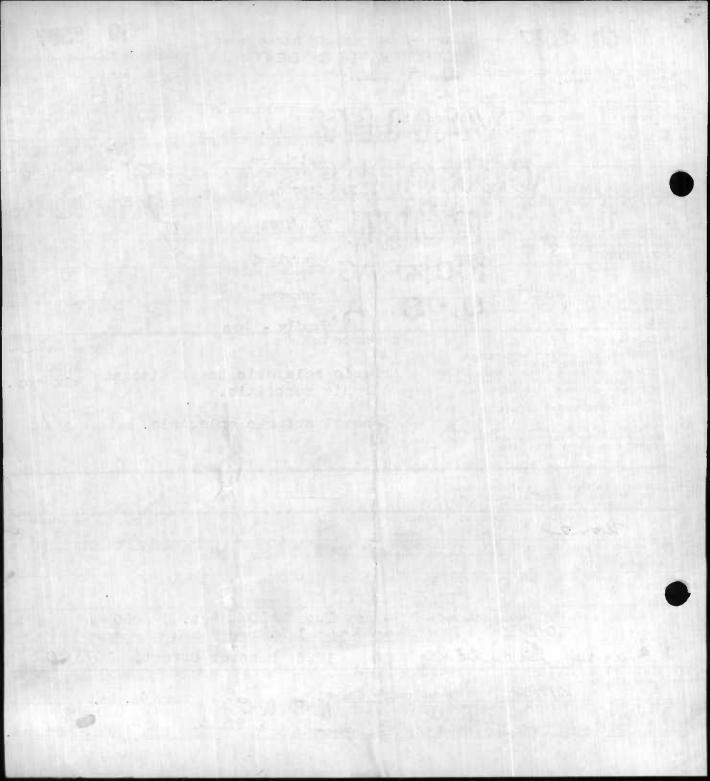
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BALTIMORE CITY HEALTH DEPARTMENT

50 8587

8	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D Type or Print)	ECEASED	AGNES	A. HAYNES		2. DATE. OF DEATH IO/	4/50
Α.	PLACE OF D Baltimore (City, Maryland I7	707 Jack	cson St.	4. USUAL RESIDENCE A. STATE Md.		
H L	OSPITAL OR ISTITUTION			location)	c. CITY OR TOWN Baltimore	(If outside corporate lim	its, write RURAL and give
1		tay in Baltimore		Yrs. Mos. Days	I707 Jackson	(If rural, give location)	
	F	6. COLOR OR RACE	WIDOW	, MARRIED, ED, DIVORCED (Specify) W	8. DATE OF BIRTH 7/25/1874	9. AGE (In years last birthday)	ff Under Year If Under 24 Hours Min.
worl	Housewo		Home	OF BUSINESS OR INDUSTRY	Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S	Unkno			14. MOTHER'S MAIDEN	NAME	
15 (Ye	No or unknown)	ED EVER IN U, S. ARMED (If yes, give war or date)	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family - Same		ADDRESS
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA II IGNIFICANT CONDITION INTO THE OEATH, BUT ISTEASE OR CONOITION	TH f dying, e, g ns the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE!	(B)Gene	io sclerotis nic nephritis ral arterio s	•	About six mos.
			B. MAJOR	FINDINGS OF OPER			20. AUTOPSY?
MEDICA	LYING OF		about home, fa	CE OF INJURY (e. g., i rm,factory,street, office bldg.,		(If in Baltimore City,	give exact location)
K	2 1D. TIME (Month) (Day) (Year)		HILE AT OCCURR NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?	
		ive on 10/3/5		and that death occur	y 15, , 1950 to red at 1 A.m., from 38. ADDRESS 1226 Hanov		
TIC	DA. BURIAL. ON REMOVAL (S	10/7/50		Montgomery Ch	RY OR CREMATORY 240	lontgomery Co.	Md.
0	CT - 719	RAR REGISTRAR'S	tor //	liams, M. E.	25 BUNERAL GREGO	7	30 E. Fort Ave.
	VS 150	-6	OB.				

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	1,76,76,76,7
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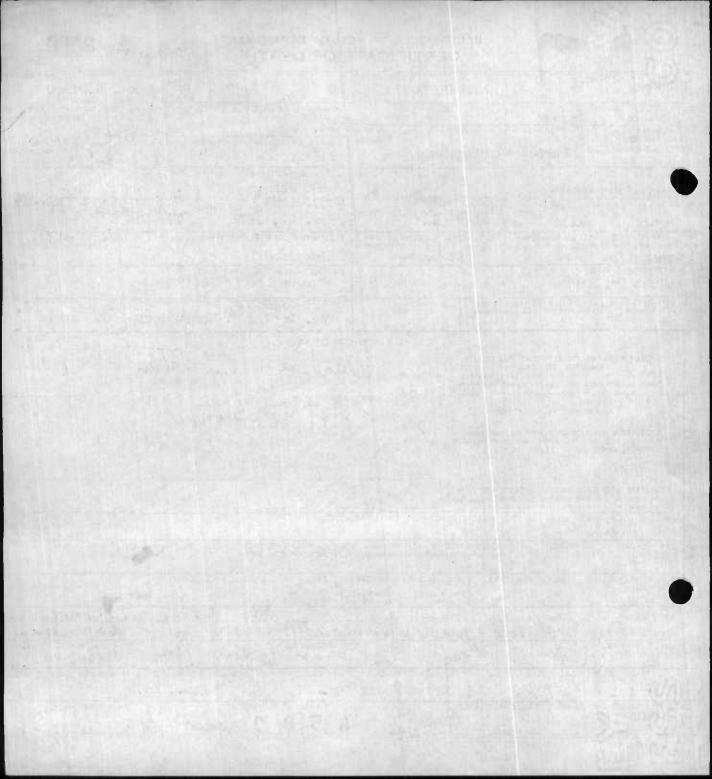
BIRTH NO. CERTIFICATE OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) JAMES THOMAS BURNS, SR. 2. DATE OF DEATH October 5, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Lutheran Hospital Baltimore Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL a					
Yrs. D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours Min Hours Min Months; Days Hours Min					
Male White Widowed Dec. 9, 1902 47 10A. USUAL OCCUPATION (Givehiodof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
work done during most of working life, even if retired) INDUSTRY Manager Gas station Maryland WHAT COUNTRY					
John Burns 14. MOTHER'S MAIDEN NAME Mary Feeley					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS St. Burns, Jr., 1606 N. Smallwoo					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES Fatty infiltration of liver (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
YES X NO ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)					
UTING CAUSE OF DEATH. Z 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK THE WORK THE WORK WORK AT WORK					
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses A, accident A, suicide A, homicide A, undetermined A.					
23a, SIGNATURE 23b. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 0 October 6, 1950 M.D. MEDICAL INVESTIGATOR 0					
24a. BURIAL. CREMA- 24B. DATE TION. REMOVAL (Specify) Burial 10/9/50 New Cathedral Cem. Balto., Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF REGISTRAR'S SIGNATURE OF REGISTRAR SIGNATURE SIGNATURE OF SIGNATURE SIGNA					
VS 151 2906K 108 108					

M-253

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_

В	IRTH NO.			CERTIFICATI	E OF DEATH	2008-500104	
1. NAME OF DECEASED (Type or Print) MARGUERITE MCKINDLE				JERITE McKINDL	ESS	2. DATE OF OCT	t. 5, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland				ion give street address.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Ashburton Nursing Home				location)		outside corporate lim	its, write RURAL and give township)
Pength of stay in Baltimore Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) 4608 Marble Hall Rd.		
5 SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed				ED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 22, 1872	9. AGE (In year- last hirthday) M	It Under Year If Under 24 Hours onths Days Hours Min.
M.OL)	A. USUAL OCCUP k done during most of work housewife	ATION (Give kind of king life, even if retired)		o of Business or INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRYS		
	August Derl				14. MOTHER'S MAIDEN NAME Marguerite Polletty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Rd. Mr. Derlin G. McKindless-4608 Marble Hal		
CERTIFICATION	LE, (This does not heart failure, as injury or com	DR CONDITION ADING TO DEA' mean the mode of sthenia, etc. It mes uplication which of ECCEDENT CAUSE CONDITIONS, I	TH of dying, e. ins the disease death SES FANY, GIVII	(A) (A) (B)	Aptrioscler	lutation	ONSET AND DEATH
	OTHER SIGN	II IFICANT CONDITION THE DEATH, BUT SE OR CONDITION PERATION - 1	TIONS COI NOT RELATI CAUSING I	ED .	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in					If in Baltimore City,	YES NO V
MEDI	PHOMICIDE (S 210. TIME (Mon FINJURY) 22. I hereby ce	pecify) th) (Day) (Year) rtify that Latt	(Hour) m.	arm, factory, atreet, office bldg., e 21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK deceased from	ED 21F, HOW DID INJURY	occur?	Sthat I last saw the
	deceased alive	Sidney C). Le	M. D.	232 Entan	flog	the date stated above. 23c. DATE SIGNED 0-6-J0
Z. TI	4A. BURIAL CREM ON REMOVAL (Specif Burial	10/9/50		Green Mount		Balto., Md.	n, or county) (State)
	ATE RECEIVED BY		SSIGNATU	SHAR aug Mar	5 Sm 8 Duck	iner & Sau	address sullo
C	C VS 150		- 0 -				097.0Md.

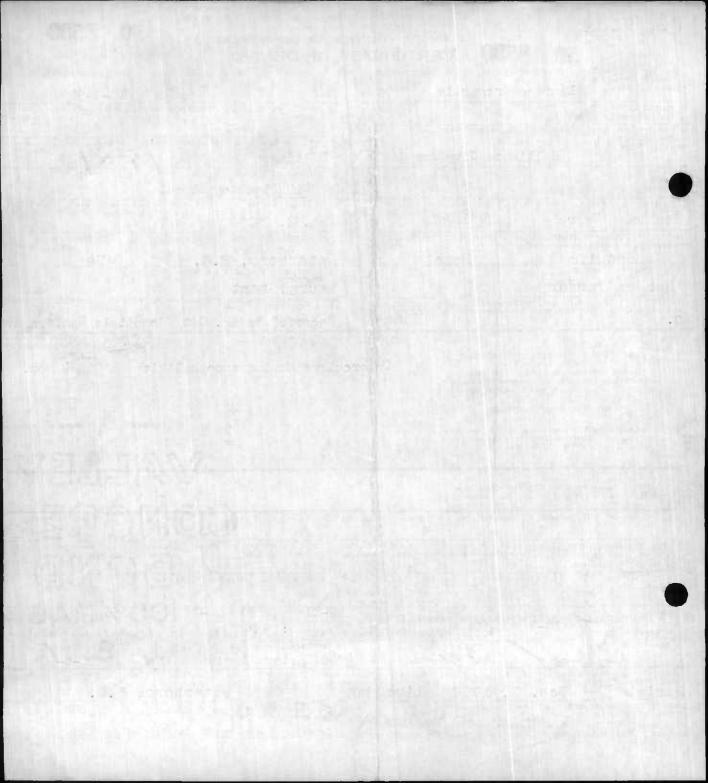


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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11C	212	ucrus	1 1340	

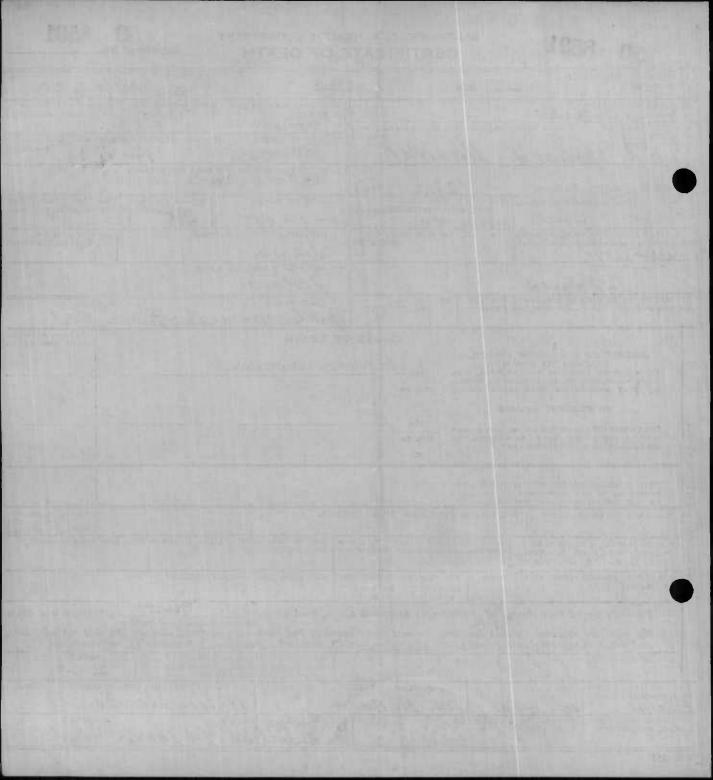
B	IRTH NO.	210 00	15,85.7	CERTIFICAT	E OF DEAT	H	110	
I. NAME OF DECEASED (Type or Print) Tourene Cromertie				-10		2. DATE OF		
_	Datione of onal vie				II 4 USUAL DECID	DEATH ENCE (Where deceased lived.	10-3-50	
A	3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE	B. COUNTY	before admission)	
	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	tion, give street address or location)				
	STITUTION	Boltim	ore Cit		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
	Baltimore City Hospitals Yrs.				ESS (If rural, give location)	9		
	ength of s	tay in Baltimore	?	Mos.	2419 Stockton Street			
5	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRT	H 9. AGE (in years)	If Under 1 Year If Under 24 Hours	
_	Female	Negro		VED, DIVORCED (Specify)	Jan. 2, 19	23 27	Months Days Hours Min.	
wor	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
-	Hpuse	ewife	H	ome	Waterboro S.E. Usa 14. MOTHER'S MAIDEN NAME			
	FATHER'S				-			
II		Turner			Laura?Gra	ant		
		ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 4940	
No) •			None	Records* B	alto. City Hospit		
	18. 010	X			OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Tuberculous Meningoencepholitic						J. Moc	
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
O	DISEASES OR CONDITIONS, IF ANY, GIVING							
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
<u>S</u>		(C)						
RTIFICATION								
ER	TRIBUTING	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
U	TO THE DISEASE OR CONDITION CAUSING IT.							
A L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				ATION		20. AUTOPSY?	
EDICA	21a, ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)							
	LYING OR CONTRIBUTING ebout home, (arm, factory, street, office bidg., etc.) INJURY OCCUR?							
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
	F INJURY		-	WHILE AT NOT WHILE				
	22. I hereby certify that Lattended the deceased from 9-21, 19 50, to 10-3, that I last saw the							
	deceased as	22. I hereby certify that I attended the deceased from 921, 19, to 102, that I last saw the deceased alive on 19, and that death occurred at 15m, from the causes and on the date stated above						
	23A. SIGNA		, 10		3B. ADDRESS	, from the causes and on	23c. DATE SIGNED	
		1.5.	Ulo:	ger M.D. 1	4940 Eastern	Avenue	10-6-50	
							n, or county) (State)	
Burial Oct. 7, 1950 Live Oak Waterboro, S.C.							S.C.	
	ATE RECEIVE		SSIGNATI	IREAL O. S. O	25 EUNERAL DIR	CR Juneal	Agorasme	
	DCT - 7	1950 15	theater	~ Musule, Ma	1631 A	ming Till	ane	
	VS 150		- 0					



7-200	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIE	RTH NO.	DUMA		CERTIFICATI	E OF DEAT	H Registered	1 No.
	NAME OF D	ECEASED	KATHLEEN	1	DIGGS	2. DATE OF OCT	ober 2, 1950
A.]	PLACE OF D Baltimore (FULL NAME SPITAL OR	City, Marylan		tion, give street address or	A. STATE Maryland	ENCE (Where deceased lived, B. COUNTY	before admission
	D. Q. A.	PROVIDE	ENT HO	location)	c. CITY OR TOWN Baltimor	e /4.	mits, write RURAL and give township
0		tay in Baltime		Yrs. Mos. Days	2307 Pen	ess (If rural, give location) nsylvania Avenu	е
Female Colored Colored WIDOWED, DIVORCED (Specify)					1-9-05	last hirthday)	Months Days Hours Min.
10A work	Obmes	CUPATION (Give of working life, even if	ekindof 108, KINI retired)	O OF BUSINESS OR INDUSTRY	VIRGINA	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S		N		14. MOTHER'S MA		
	WAS DECEASI	D EVER IN U.S. (If yes, give war	ARMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	Paul GWALT	NEY-2307 PENA	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					nary tubercu	losis	
4.5	TRIBUTING TO THE D	TO THE DEATH	ONDITIONS CO. BUT NOT RELATEDITION CAUSING 198. MAJOR	EO	ATION		20. AUTOPSY7
ž l	UNDERLYIN	NAL CAUSE WA	TRIB. about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			YES NO X
W I	210. TIME	Month) (Day)		21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
-	the evi	idence obtaine ath in my opi	d by said Auto	remains described a opsy, Inspection or I from: <u>natural cause</u> s	nquiry, find that X, accident	Insp. Inquiry Autopsy, Inspection or Inquir said deccased died on suicide , homicide EDICAL EXAMINER	the day stated above, undetermined □. 23c. DATE SIGNED
24, TIQ	A. BURIAL. (S	REMA- 24B. D.	ATE	24c. NAME OF CEMETE	.D. MEDICAL INV	ESTIGATOR	vn, or county) (State)
DA	TE RECEIVE CAL REGIST	10-	7-58.	MT. AUBUR	85. FUNERAL DIR	BATTIMORE SON - 916 PENNI	ADDRESS A. AVE.
VS	usı -	330	ø	7208		0/3	6-V



D	1	1	2
R-	/	6	3

В	RTH NO.	an soas		CERTIFICATI	E OF DEATH	Regis	stered No	
1.	NAME OF D	Miss Ma	ry	Ruppert		2. DATE OF DEATH	Octobes	6.1950
A.		City, Maryland		Dukelond	4. USUAL RESIDENC			n; residence fore admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corpor	rate limits, write R	URAL and give township)
				Yrs. Mos.	D. STREET ADDRESS		ation)	
-	Length of s	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In	years If Under I Year	If Under 24 Hours
	female	white	sir	ved, DIVORCED (Specify)	May 13, 1871	79	day) Months Day	s Hours: Min.
10 work	done during most	CCUPATION (Give kind of of working life, even if retired) EAMSTRESS	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country		ZEN OF AT COUNTRY?
13. FATHER'S NAME John Ruppert					Mary Weber	N NAME		
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Agnes Bue	ehler, 615	ADDRESS Dukeland S	Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CERTIFICATION APPROVED BY DR. HE TER J. LUB INSK! (B) CHIEF OR ASST. MEDICAL EXAMINER, UNDERLYING CONDITION LAST. (C) (C)								ski
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED				
AL	19A. DATE (L4/949	9B. MAJOR	FINDINGS OF OPER	ATION hip.		20 YES	AUTOPSY?
1EDIC	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	21B. PL.	ACE OF INJURY (e. g., fi farm suctory, atreet, office bldg., e	or 21c. WHERE DID INJURY OCCUR?	(If in Baltimor	re City, give exac	t location)
	F INJURY	(Month) (Day) (Year)		21E, INJURY OCCURRI	/	JURY OCCUR?	lars Xe,	os.
	22. I hereby certify that I attended the deceased from Oct 3, 1949, to Oct , 1950, that I last saw the deceased alive on Lee , 1950, and that death occurred at 7:30 m., from the causes and on the date stated above.							
	23A, SIGNA	Les Les a.	Does	A. M. D. C	38. ADDRESS	nds ont	fue Oc.	L'6 1950
710 TIO	burial (S	CAEMA- 248. DATE Specify) 10/9/50	1	New Cathedra	1	Baltimore,		yland
	ATE RECEIVE		SSIGNATI	The Quedine	25. AUNERAL DIRECT	-	ADDRE 17 St. Pau	

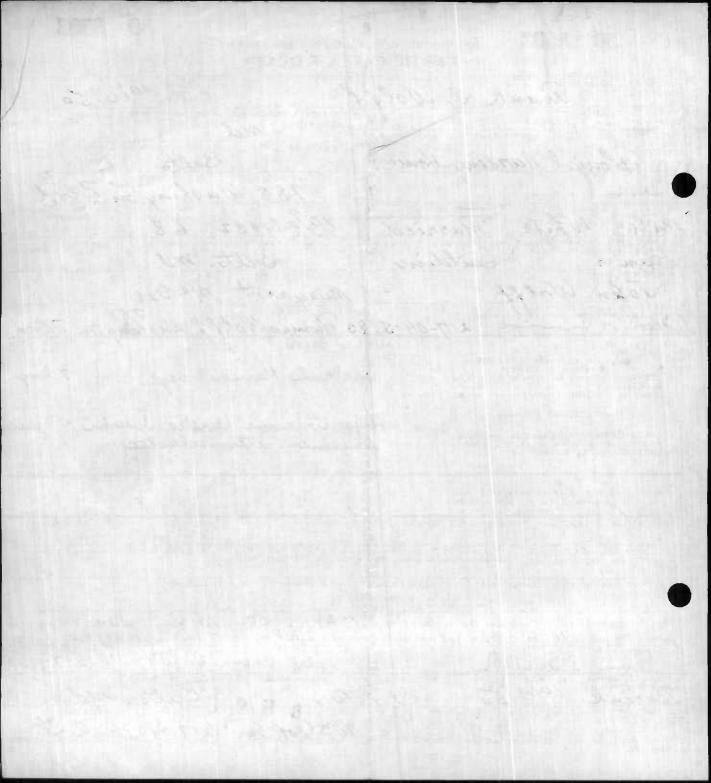
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

50 8593

BIRTH NO.					· DEATH	1			
1. NAME OF DECE (Type or Print)	Fran	KV.	Wolf	A		2	OF DEATH	0/6/	50
A. Baltimore City	, Maryland		11	A. S	TATE 2	NCE (When	re deceased live B. COUNT	ed. If instit	ution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	151		n, give street addres	2 >	ITY OR TOWN	(If out	side corporate	limits, wri	te RURAL and give township)
(DCO)	uial Mu	rising	Home		**************************************	130	al, give locatio	20/00	0 (
Length of stay			M D	rs. D. S los. ays	788	1.1	This of	ou k	Plad
Mala 6.	White	211.		8. D	0/2/18		. AGE (Dr yea		Year H Under 24 Hours Days Hours Min.
work down dering most of room	rking life, eveo if retired)	Beil	F BUSINESS OF	R II. E	BIRTHPLACE (SI	tate or foreign	m country)		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		41		14.1	MOTHER'S MAI	DEN NAMI			
15. WAS DECEASED E (Yes, no or unknown) (VER IN U, S. ARAE	FORCES?	16. SOCIAL	MA	NEGRMANT	1 /1	7 722	-	
(Yes, no or unknown)	If yes, give war on tia to	of service)	7-09-51	80 7	lomas 4	bept	Wash	in 4 to	in Blad
18. 443	K 1		CAUS	SE OF E	DEATH	11		1	NTERVAL BETWEEN
(This does not	OR CONDITION ADING TO DEAT t mean the mode o	TH f dying, e.g.,	(A)	erela	al He	meril	ruge		3 day
	isthenia, etc. It mea aplication which c		DUE TO				7		
	TECEDENT CAUS	ES	11	11100	terreni	Gu	1100 11	a cult	. 5000
DISEASES OF	R CONDITIONS, IN	F ANY, GIVING	DUE TO	Divina	an Cul	terror	ele at 5	7	s o year
UNDERLYING	CONDITION LA	ST.	(C)						
L.	11								
TRIBUTING TO	THE DEATH, BUT	NOT RELATED							
19A. DATE OF C	PERATION . 1		INDINGS OF O	PERATIO	V				20. AUTOPSY?
A ACCIDENT									YES NO
LYING OR CO	WAS UNDER- ONTRIBUTING		E OF INJURY (e. n., factory, street, office b		NJURY OCCUR	D (If ir	Baltimore C	ity, give e	xact location)
2 1D. TIME (Mon	nth) (Day) (Year)	(Hour) 21	E. INJURY OCCL	JRRED 2	21F. HOW DID	INJURY O	CCUR?		
			ORK NOT WE						
	ertify that I att			1-2					at I last saw the
deceased alive		, 1950, an	ed that death oc		t. 2:20 P m.,	from the	causes and		ite stated above.
John	3. Urlac	99	м. D.	238. A	27 W	ule (Blud		C. DATE SIGNED
24A. BURIAL, CHE		24	C. NAME OF CEM	D To	CREMATORY	24D. LOCA	Real Of	town, or co	unty) (State)
DATE RECEIVED B		S SIGNATURI	EE II	25.1	UNERAL DIRE	CTOR U	Secrit 8	ADD	DRESS
LOCAL REGISTRAF	1 1-1-	to Wil	LEULE, M. F.	W	Bol 9	vc. /2	17 8.	Pan	e ut
UU VS 150		6 -	74	20	/	7.35	1		093d



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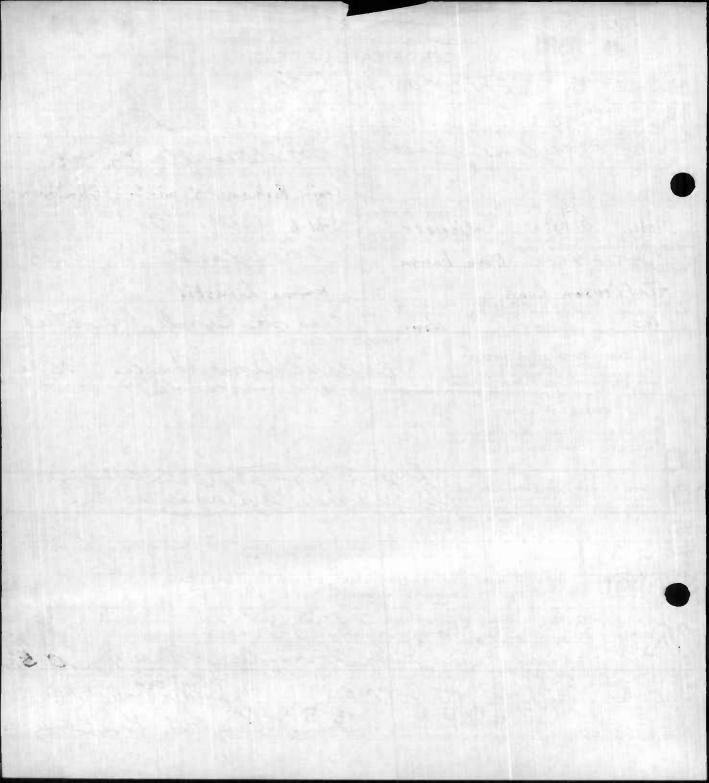
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BALTIMORE CITY HEALTH DEPARTMENT

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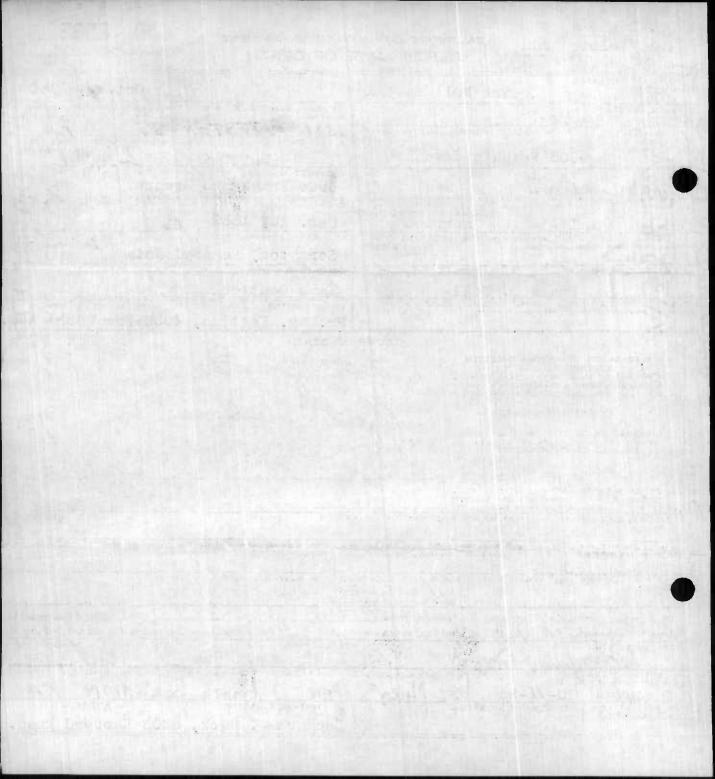
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B	IRTH NO. CERTIFICAT	E OF DEATH Registered No.
(7	Type or Print) SEFFERSON W.	COOK 2. DATE OF 15-5-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	anne anne anne
	OSPITAL OR MALLA MALLA (Included)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
1	y programme -	Millewille 500 township)
48	Yrs.	o. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Mos. Days	Crain thishway - 5 mi. S. of Clen Burnie
5	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH / 19. AGE (In years) If Under I Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify)	Call (1872) last birthday) Months: Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
wor	k done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
_	Farmer Own Farm	maryand USA
13	FATHER'S NAME	14. MOTHER'S MATTEN NAME
_	Jefferson Cook	Emma kinstid
(X	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
,	No None	This daking days ly)
_	18 FOOD A CAUSE	OF DEATH INTERVAL BETWEEN
	28 1.0	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	es. To hos meshared 48hs
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	marian roma
	injury or complication which caused death.) DUE TO	J'anelialités
	ANTECEDENT CAUSES	
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
X	UNDERLYING CONDITION LAST, (C)	
E	- D/	erunda amplane 591 1'1 by
RTI	OTHER SIGNIFICANT COMPLETIONS AND OTHER	Theregeles Cholithings
ER	OTHER SIGNIFICANT CONDITIONS CON-	duti cardina de la liber
Ü	TO THE DISEASE OR CONDITION CAUSING IN THE DISEASE OR CONDITION CA	an un coggi activities
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office hidg., c	
ME	CAUSE OF DEATH	
7	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY	ED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from	0-5 19 to 10 - 5, 19 Shat I last saw the
	deceased alive on 10 - 2, 19 2 and that death gccur	red at 13 mm., from the causes and on the date stated above;
	23A. SIGNATURE	38 ADDRESS A ARSC. DATE SIGNED
	Transmitte vuesa gadin	mangard fall Han 10/5/2
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 240, LOCATION (City, town, of county) (State)
-	URIAL OCT-8,1950 MT. CARME	MOUNTAIN ROAD A.A.Co. MD
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
	CT = 71950 Continuity of Miliania, Mis	Bonnes W. Ding Start Glan Rumin Md
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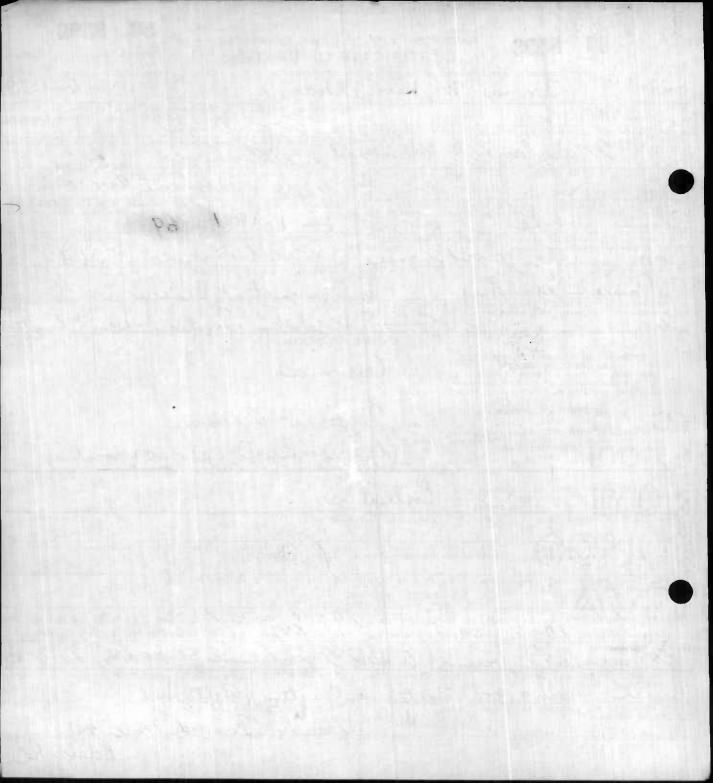
В	RTH NO.	erarr moad	95	CEF	RTIFICAT	E OF DEAT	гн	Regist	ered No		
	NAME OF D		uise N	oll	Eastman		2	. DATE OF DEATH	Oct. 7	7, 195	50
	PLACE OF D Baltimore (EATH: City, Maryland				4. USUAL RESID		B COUL		before ad	
H	FULL NAME OSPITAL OR ISTITUTION		e street address or location)	c. CITY OR TOW	N (If outs		te limits, writ		and give ownship)		
0	()	4906 Fr	ankfor	dAv	enue	I	Baltimo:	re	20-	01") Whamp)
	Length of s	tay in Baltimore			Yrs. Mos. Days	4906 Fre					
_	SEX	6. COLOR OR RACE		ED, DI	RIED. VORCED (Specify)	Feb. 18		AGE (in y last birthd	ear- If Under 1 ay) Months I		der 24 Hours rs: Min.
	emale	white CUPATION (Give kind of	1	arr.		11. BIRTHPLACE		61	112.0	ITIZEN C) F
worl	at ho	of working life, even if retired.) IOB, KIND	, 0, 5	INDUSTRY				l v	VHAT CO	
13	FATHER'S	VAME		100		14. MOTHER'S M	AIDEN NAME				
		Frank	B. Nol	1-		Emma Gur	ntlock				
		D EVER IN U. S. ARME (If yes, give war or date			OCIAL ECURITY NO.	17. INFORMANT			ADDRE	ss	
(,		,		ECORITI NO.	Mr. Wm. I	Eastman	, 490	6 Frank	aford	Ave
EDICAL CERTIFICATION	(This does beart failt in jury or DISEASE RISE TO TUNDERL.) OTHER STRIBUTION TO THE COMMENT OF T	SE OR CONDITION LEADING TO DEA not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION L BIGNIFICANT COND TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION OF OPERATION ENT. SUICIDE. (Specify)	TH of dying, e. g ans the diseas caused death SES IF ANY, GIVIN OSTATING TH AST. ITIONS CON NOT RELATI N CAUSING IM 19B. MAJOR 21B. PLA	NG PE D	(A)	in or 21c. WHERE		escula. Baltimore	Helin	20. AUTO	MAN DO DEATH
ME	21D. TIME	(Month) (Day) (Year			JURY OCCURR		D INJURY O	CCUR?			
	F INJURY		m.	WHILE AT				-			
22. I hereby certify that I attended the deceased from 199, to 0 7, 1912, that I last saw deceased alive on 2, 199, and that death occurred at 3 9 m., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 2								d above.			
D	Burial Burial Burial	10-//-		ST.	MARY'S	CEN 25. FUNERAL DI	South		A NTO A	-	(State)
L	DCAL REGIST	RAR	-	U Cre		Leonard	J. Ruck	, 530	5 Harfo	ord R	oad.
	0CT 1507	1950	a word	Indi.	out Mes		33 / 18		043	d	



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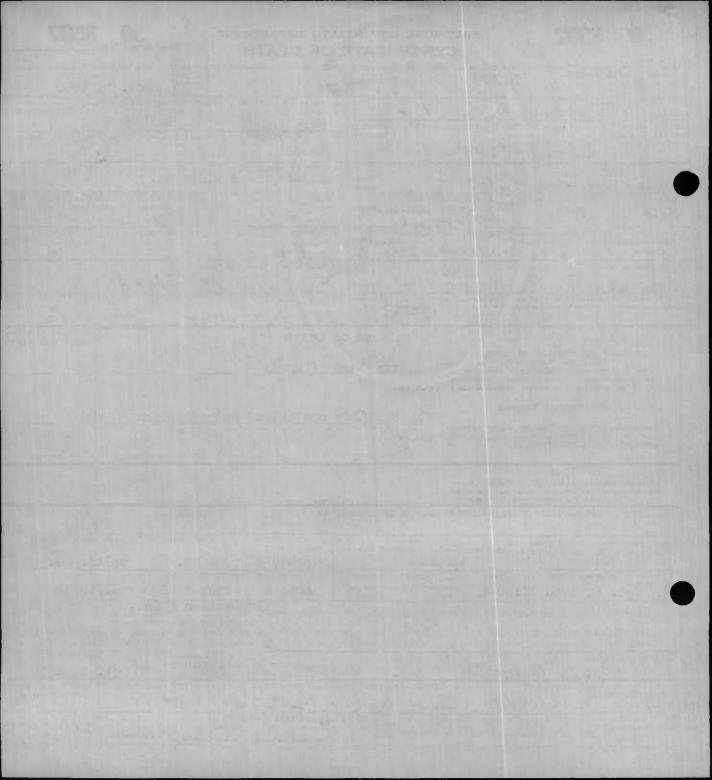
BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO.			ERTIFICAT	E OF DEAT	Н	negistered	NO	-
	I. NAME OF D Type or Print)	ECEASED and	a n	7. Linge	lbach		ATE OF EATH) - 6 -	50
	B. PLACE OF DE A. Baltimore C	EATH: City, Maryland			4. USUAL RESID			If institution : resid	
1	FULL NAME HOSPITAL OR	Maugla	al or institution	a, give street address or docation)	CITY OR TOWN	H outside	corporate lim	its, write RURAL	and give ownship)
		0	7	le Yrs. Mos.	D. STREET ADDR	ESS (If rural, g	give location)	w # 6	
	Length of st	6. COLOR OF RACE	7. SINGLE.	Days Days	8. DATE OF BIRT	H 9 AC	GE (in years		fer 24 Hours
	Jenole	white	n	D, DIVORCED (Specify)	1-1-	1881	69	Ionths Days Hour	ds Min.
1 90	ork done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND O	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign, c	ounty)	12. CITIZEN C	
	3. FATHER'S N	AME	20		14. MOTHER'S M.	AIDEN NAME			
	5. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. NEORMANT	- Kler	leen	1000000	-
0	(es, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	me sky	. Livel	m.l.43	ADDRESS	to
	18. 448	2×1		CAUSE	OF DEATH			INTERVAL B	ETWEEN
		E OR CONDITION LEADING TO DEAT not mean the mode of	TH	Cero	m(a)				
	heart failui	re, asthenia, etc. It mea complication which c	ns the disease.	DUE TO		**************************************	***********		
		ANTECEDENT CAUS	ES	no	6/1000	0			
NOIL	DISEASES	OR CONDITIONS, IN	F ANY, GIVING	DUE TO	jenco-c	L	1		
N C	DINDERLI	ING CONDITION LA	ST.	(c) Clile	rioclus	w Care	lions	coculan	
RTIFI	OTHER S	II IGNIFICANT CONDI		8++					
E C	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT.	Indul	0				
I		F OPERATION V	9B. MAJOR F	INDINGS OF OPER	RATION			YES YES	NO
FDIC		ENT WAS UNDER- CONTRIBUTING		E OF INJURY (e. g., i m, factory, street, office bldg.,			altimore City,	give exact location	on)
	21D. TIME (Month) (Day) (Year)		E. INJURY OCCURR		NJURY OCC	UR?		
			m. w	ORK NOT WHILE		~ //l			
		y certify that I att			F 11 1			South at I last the date stated	
	234. SIGNAT	URE -	1 -		28 ADDRESS	1l Sc		A 23c. DATE S	
1 2	AA. BURIAL.	REMA- 24B. DATE	Duce 24	c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATIO			(State)
11/2	ION, REMOVAL (S	10ch. 9,1	950 G	Baltimore	. Cometing	Balto.	high		
	OCAL REGISTI	RAR	S SIGNATUR	Euchhold)	25 FUNERAL DI	OF.	1/11	ADDRESS	
=	VS 150	DI I want	0000	1. 200	a was asm	JXWAMA	Clione	00	0.
								Delair /	Rd



3-260 BALTIMORE CITY HE CERTIFICATE	m 4	8597					
BIRTH NO.							
1. NAME OF DECEASED ROBERT BAKEI	R 2. DATE OF OCT. 6,	1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland Posse // P B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If insti- A. STATE B. COUNTY Maryland Baltimore	tution: residence before admission)					
HOSPITAL OR INSTITUTION (ity Morgu	c. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)					
Yrs. Mos. Dength of stay in Baltimore	D. STREET ADDRESS (If rural, give location) Philadephia & Ridge Rd.						
Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 3/9//3 3/9//3						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, eveo if retired) Croude Open toy Bethlowm Steel (6.	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRYS					
13. FATHER'S NAME	Fammie M. Wood						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDR	ECC					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Jos. T. Batter Gala	1/					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	of DEATH re of skull le contusions and abrasions	INTERVAL BETWEEN					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?					
21a. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. about home, farm, factory, street, office bidge UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (a. g., line) Road 21c. TIME (Month) (Day) (Year) (Hour) OF INJURY OCT. 6, 1950 12:40 Am. WHILE AT WORK	Route #4 Race Rd. Balt ED 21F. HOW DID INJURY OCCUR?	exact location)					
22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 123B. CHIEF MEDICAL EXAMINER							
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	.D. ASSISTANT MEDICAL EXAMINERX Oct. NEDICAL INVESTIGATOR Oct. Oct.	6, 1950 ounty) (State)					
Berial 10/8/0 Cat Gro DATE RECEIVED BY REGISTRAR'S SIGNATURE!	25 RUNERAL DIRECTOR AD	ML					
LOCAL REGISTRAR	Fassahu turnel Har	7401 Belan					
N 803.2 5/3 3	1700						

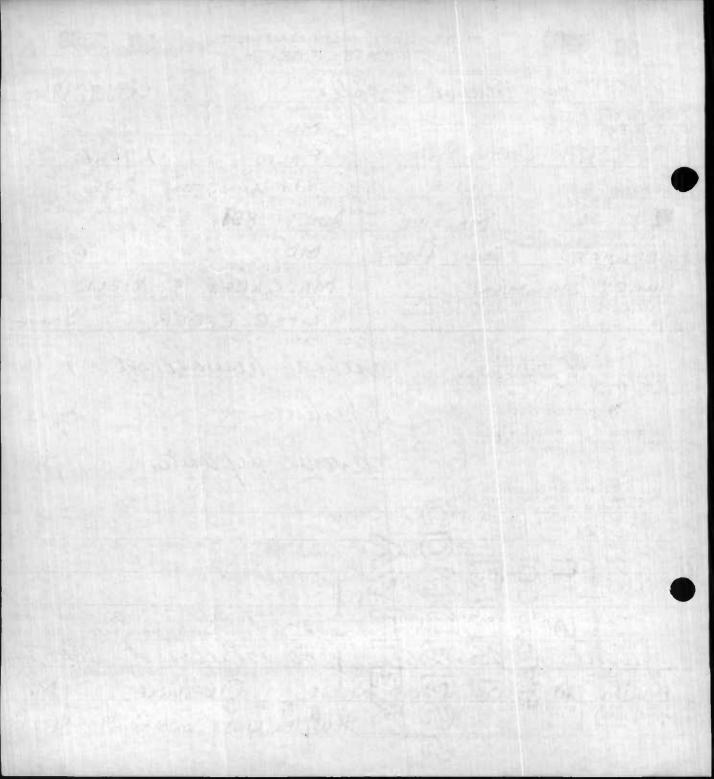
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BI	RTH NO.			THE	CERTIF	ICAT	E OF DEAT	H	Regi	stered No	0,	
	NAME OF ype or Print)		ary	Gene	vilve	op	fer		2. DATE OF DEATH	720	.7.1	950
Α.		City, Maryl				10	4. USUAL RESID	ENCE (Wh	ere deceased B. COI			residence e admission)
HC	FULL NAME OSPITAL OR STITUTION			TON	AVE	location)	c. CITY OR TOWN		utside corpo	rate limits,	write RUE	tAL and give township)
4) oneth of			1	IFF.	Yrs. Mos.	DALIC D. STREET ADDR			ation	16	
	SEX F	6. COLOR o		WIDOW	E. MARRIED. /ED, DIVORCE	Days D (Specify)	8. DATE OF BIRT		9. AGE Un	years iday) Mon	Inder I Year ths Days	Il Under 24 Hears Hours : Min.
		CCUPATION (RRIED OF BUSINES		11. BIRTHPLACE	(State or for	eign country)]	12. CITIZE	N OF
7	OUSE		en if retired)	Own	(1E	Mo.				WHAT.	S.
13	HAR!	NAME 24 SI	EGH	LAN			14. MOTHER'S MARGI	ARET		BE	مد	
15 (Yes	. WAS DECEA	SED EVER IN U	S. ARMEI	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT	2 05	EED	AD	DRESS	A
	18. 59	7 4			1	AUSE	OF DEATH	COF	L EL		INTERV	
	(This do	LEADING es not mean ti	TO DEA	TH of dying, e. :	g., (A)	Cer	ebral i	lun	arri	liage	ONSET	wk.
	injury o	lure, asthenia, e r complication	which o	caused death	a.) DUE TO	11.1	1. tour	~				
ZO	DISEAS	ES OR CONDI			(B)	NSY	unuusc	ou	***************************************	·············· ••	100	ms-
CATI	RISE TO	THE ABOVE CA	AUSE (A)	STATING TI		11.	CAMILA -	11061	wite	,		
TIFI			1		(C).	cu	vonc i	Typi	mu	/	/0	yrs-
CERT	TRIBUTII	SIGNIFICAN NG TO THE DEA DISEASE OR C	ATH. BUT	NOT RELAT	ED.							
		OF OPERATION			FINDINGS	OF OPER	ATION				20, A	UTOPSY?
EDICAL	21A. ACCIE HOMICIDE	OENT, SUICID	E.	21B. PLA about home,	ACE OF INJUI	RY (e. g., io c, office bldg., e	o or 21c. WHERE I		in Baltimo	re City, gi	ve exact lo	ocation)
M	21D. TIME F INJURY	(Month) (Da	y) (Year)		21E. INJURY	OCCURRI		D INJURY	OCCUR?			
h	22. I here	by certify th	hat I att	m. (WORK L	at work	194	1910 Oc	+ 7	19 🗸	Othat I la	ist saw the
	deceased	alive on O	ct 7	. 19 SU.	and that dec	ath occur		from the	e causes a		e date sto	ated above.
	23A-SIGN	Mes	K.	Ka	MS	M. D.	700 C	athe	deal	158	act	7./950
710	BURIAL.	(Specify)	DATE	1950	DRUG	0	RY OR CREMATORY		CATION (C		or county)	MD (State)
	ATE RECEIV	ED BY REG	ISTRAR'	S SIGNATU	<u> </u>		25. FUNERAL DA		Tous	^ .	905	NOK RO

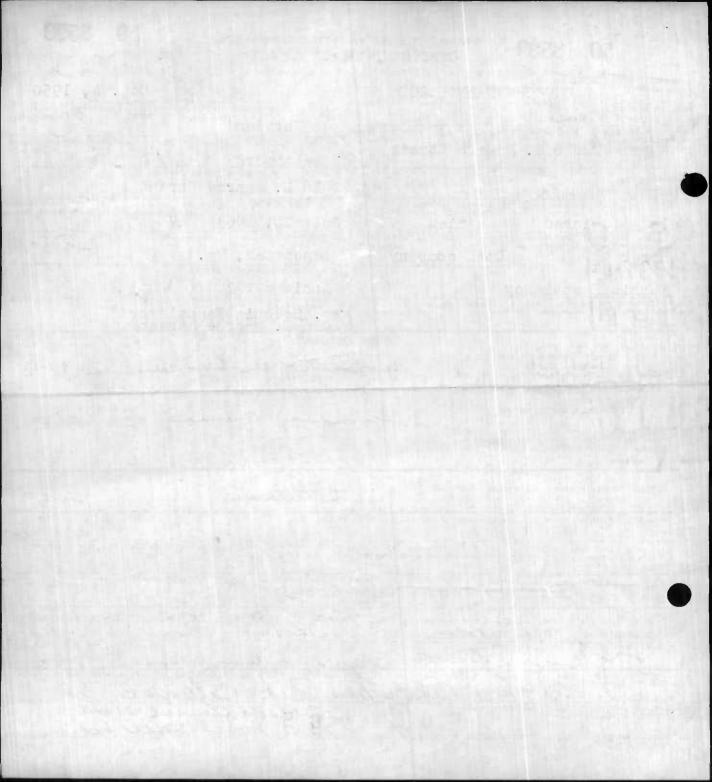
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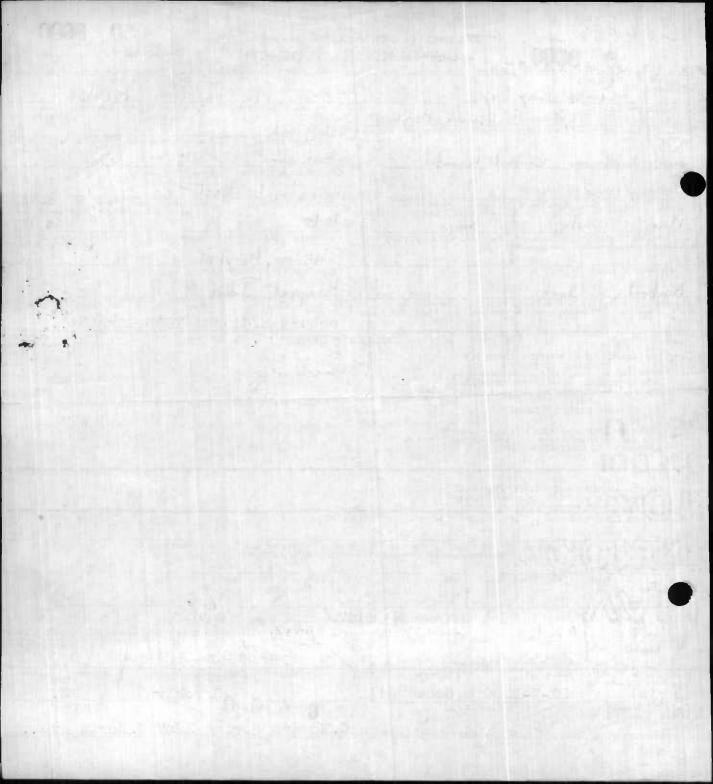
CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED	S FAUNTLEROY		2. DATE OF DEATH OCT	. 4, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE Maryland		institution: residence before admission)			
HOSPITAL OR	al or institution, give street address or location) Monroe Street	c. CITY OR TOWN (If Baltimore	151	s, write RURAL and give township)			
Length of stay in Baltimore	Yrs. Mos. Days	2016 N. Monroe					
5. SEX 6. COLOR OF RACE Male Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 20, 1903		Under I Year If Under 24 Hours on the Days Hours Min.			
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	108. KIND OF BUSINESS OR INDUSTRY	Lancaster, Va	a.	12. CITIZEN OF WHAT COUNTRY			
Mannie Fauntlero	У	14. MOTHER'S MAIDEN NA Annie ??????					
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL	Mrs. Sedonba Fa	auntleroy A	DDRESS			
18. 581.0	CAUSE	OF DEATH	2 DOLGEO	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It means the mode of heart failure, asthenia, etc. It means the second	TH of dying, e.g., ons the disease,	ous of the Le	ver-Cause Un				
ANTECEDENT CAUS DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	ondory anen	i.	9-1-50			
OTHER SIGNIFICANT CONDI	TIONS CON- NOT RELATED CAUSING IT.	ite arthritis		7-10-50			
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		YES NO			
LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, s	give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 7-10, 1950 to 10/4, 1950 that I last saw the							
deceased alive on 10/4	, 19 Co. and that death occur	rred at 12:30 Q.m., from th	he causes and on th	he date stated above			
23A. SIGNATURE	Come M.D.	1131 Harlem	avenue	10/7/50			
24A. BURAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	19 DI CARLETTE MY		Attaine Co	or county) (State)			
DATE RECEIVED BY REGISTRAR	SSIGNATURE	25 FINEBALDIRE OR	uneral 2x	ADDRESS GAR			
007v5/150/950	tor Williams Mil	(T	Gree	1			



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wistand No.	

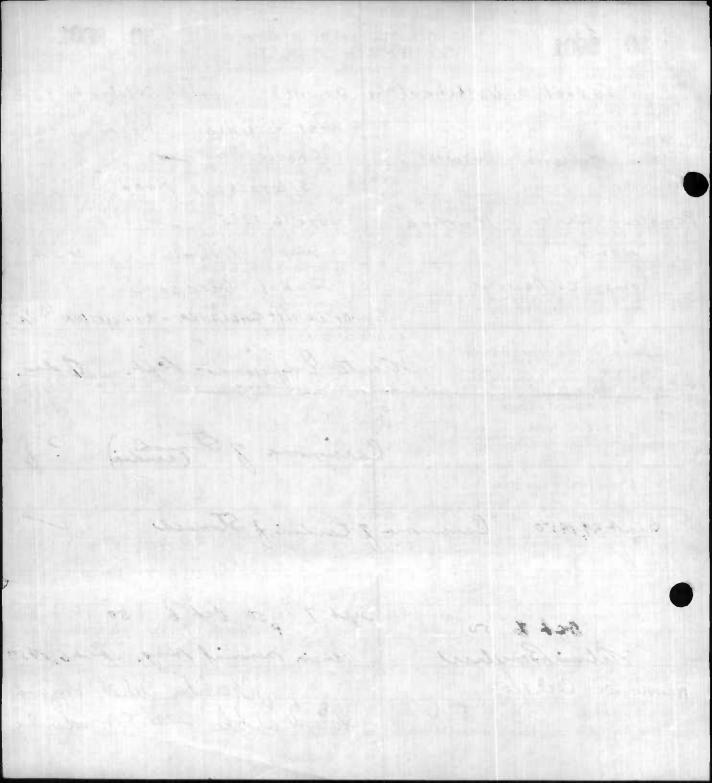
В	IRTH NO.	50-2303	7	CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF E		/			2. DATE	1 /
(7	Type or Print)	Clarke Baby	Box			OF DEATH	10/6/50
	PLACE OF D		211.	. 4. 1.	4. USUAL RESIDENCE (Where deceased lived.	
		City, Maryland OF (If not in hospit	2000	ion, give street address o		B. COUNTY	before admission)
H	OSPITAL OR			location		f outside corporate lin	nits, write RURAL and give
4.	Bouttle Bal	timore Gene	ral Ho	spital	Baltimore	2 4 = (5 township)
	R			Yrs.	D. STREET ADDRESS (If		
		stay in Baltimore		Mos. Days	11605 light Str	eet	
l .	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specif)	8. DATE OF BIRTH	9. AGÉ (In years	Months Days Hours Min.
	Male	White	Sin	myle	10/2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20 15
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
				NOOTK	Baltimore, Harry	and	WHAT COOKING
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
'	Norbert	8. Clarke			Margaret Dear	a	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME: (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(, , ,	(== 0,00,000,000,000,000,000,000,000,000,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	SECORITI NO.	Norbert E. Clar	cke 1605 T	ightSt
	18. 776	*	1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION			1-1		ONSET AND DEATH
	(This does	LEADING TO DEA	TH of dying, e. s	B., (A)	Rughente		
	heart failt	are, asthenia, etc. It mes complication which	ns the diseas	ie,			
7		ANTECEDENT CAUS	DE.S	(9)			
0		S OR CONDITIONS, I			***************************************	***************************************	
AT		YING CONDITION LA					
RTIFICATION				(C)			
Ē	OTHER	II COND	TIONS				
ER	TRIBUTING	SIGNIFICANT CONDI	NOT RELATE	ED			TANK TO THE REAL PROPERTY.
U		OF OPERATION		FINDINGS OF OPE	PATION		20. AUTOPSY7
A	ISA. DAIL	OF CHERATION O	SB. MAJOR	FINDINGS OF OFE	KATION		YES NO
EDICAL	21A. ACCIE	DENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g.,	in or 21c. WHERE DID ((If in Baltimore City	, give exact location)
ED		R CONTRIBUTING	about home,	farm, factory, street, office bldg.	,etc.) INJURY OCCUR?		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
	F INJURY			WHILE AT NOT WHILE			
h			m.	WORK AT WORK		1 1	
				deceased from 101			, that I last saw the
			7 19		erred at 1:45 A.m., from		
	23A. SIGNA	~ // \n	-		238. AUDRESS	Go'l Hond	23c. DATE SIGNED
2	4A. BURIAL,		gna	M. D. 24C. NAME OF CEMET	ERY OR CREMATORY 24D. L	LOCATION (City, tow	
TI	ON, REMOVAL (Specify			LINT OR CITEMATOR 1 240. L	200A11014 (010), 1011	1
	Burial	10-7-1		Cedar Hill	Les seusph person	srooklyn	Md.
V B	ATE RECEIVE	THAR REGISTRAR	SSIGNATE	0 0	25. FONERAL DIRECTOR		ADDRESS
_	- 1	714	truitor	Milliana 11	G. Howard Stron	ng 3207 W.	North Ave.,
1	VS_150		-0-		William		
	11.1 / 1						1



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CERTIFICATE OF DEATH Registered No				
BIRTH NO.	E OF DEATH			
1. NAME OF DECEASED (Type or Print)	2. DATE			
1520e/ D. 62/18 hey (Mys.	Dewitt) DEATH October 6, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Union Memorial Hospital	Charleston , set.			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
Length of stay in Baltimore Days				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				
Female White Marriod	June 16, 1895 55			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
None	West Virginia 25A			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Thomas C. Beury	Isabel Gleeson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS 41			
	At DEWITT CALLAHER - CHARLESTON W. VA			
18. 151 K CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	+ 0 /211 /11			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	te Empyena- Left. Eda.			
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
Z (B)				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	· n ST- 1)			
(c)a	runoma of Stomachia			
14.				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.				
194. DATE OF OPERATION 3 198. MAJOR FINDINGS OF OPERATION 7	Partie 2 Stomach 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (A				
W CAUSE OF DEATH	etc.) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?			
m. WHILE AT NOT WHILE AT WORK AT WORK				
	1 7 , 19 50 to bet 6 , 19 50 that I last saw the			
deceased alive on 5, 1956, and that death occur				
	23B. ADDRESS 23c. DATE SIGNED			
Miluin Domelaar M. D.	Union memoral 140g. bet 6, 1950			
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D, LOCATION (City, town, or county) (State)			
Remoral act 7/30	Charleston West Virginia			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 125, UNEELAL DIRECTOR ADDRESS				
- winger - 6 mindsouth				

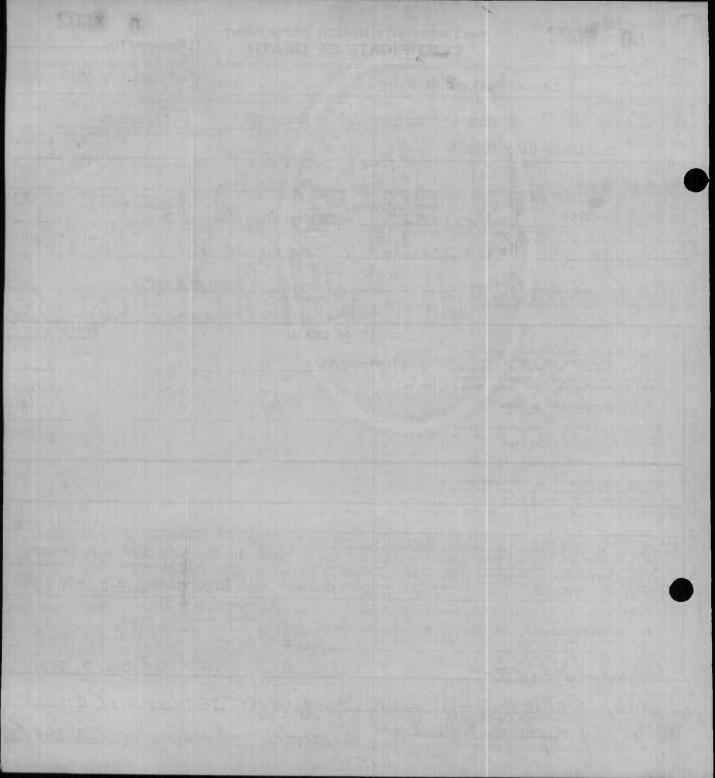
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13-46802

BALTIMORE CITY HEALTH DEPARTMENT

	TE OF DEATH Registered No
BIRTH NO.	12. DATE 0 1 77 3050
1. NAME OF DECEASED (Type or Print) Lester Franklin Bohlayer	OF UCT. /, 1700
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission Baltimore
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
Baltimore City Hospital	Lutherville
Yr. Mo	
Length of stay in Baltimore / Day	Balonia Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours Min Months Days Hours Min
Male White Married	Deplember 23, 1918 33
10A. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR Logid medical most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Electrician Castlee. Co.	Freeland, Md 4.5.15
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mrs. Isabelle Bohlayer Luthering le Me
18. E 914. 3 . CAUS	E OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A) Elect	rocution
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(8)	
DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
U II	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
	FRATION 20. AUTOPSY?
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	YES NO X
21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. UTING CAUSE OF DEATH. New Gate Station	in in or 21c. WHERE DID (If in Baltimore City, give exact location)
underlying or contrib. New Gate Station	of Clad & Plantric Co TZUU NEW CO. OF AVOID
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUPATION
Oct. 7, 1950 8 Am. WHILE AT WORK AT WORK	Contact with high voicage elegation
22. I certify that I took charge of the remains described	d above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autonsy Inspection of	r Inquiry, find that said deceased died on the day stated aboves \square , accident Σ , suicide \square , homicide \square , undetermined \square .
23A SIGNATURE . C	23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
William Voorth	M.D. ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Byria/ Oct. 10, 1950 Mil. Lion	Cemelery V. Secland, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
100 18 - 1950 Thuttuyton Williams, Min	Jacob Harlesling Tew Treadon to
VS 151 N 992.X	5-15E 193.0V



50 8603	8603
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH OCK - 6	, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY	titution : residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3032 Innewood Ove C. CITY OF TOWN Dalto (If outside corporate limits, we have	rite RURAL and giv township
Yrs. D. STREET ADDRESS (If rural, give focation) Mos. Days 3032 Pinewood Que	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 4. Specify Worksweed 8. DATE OF BIRTH last birthday) Month	er 1 Year H Under 24 Hours B Days Hours Min
10A. USUAL OCCUPATION (Givekiodof orking difference) Ork done during most of working difference difference if retired) Tousework 10B. KIND OF BUSINESS OR INDUSTRY Author 11. BIRTHPLACE (State or foreign country) Author Mich	WHAT COUNTRY
13. FATHER'S NAME LACK PATTICK 14. MOTHER'S MAIDEN NAME Catherine F	Pearl
Yes, no er unknown) (If yes, give war or dates of serfice) SECURITY NO.	newood au
18. 442 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ONSET AND DEAT
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	?
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, ferm, factory, street, office bldg., etc.) CAUSE OF DEATH CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? IN	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from_

1943, to Octobe 6, 195°, that I last saw the deceased afregne total 6, 1950, and that death occurred at 4,000 m., from the causes and on the date stated above. 23C. DATE SIGNED 23B. ADDRESS

23A. SIGNA NIR 244 BURIAL CREMA-

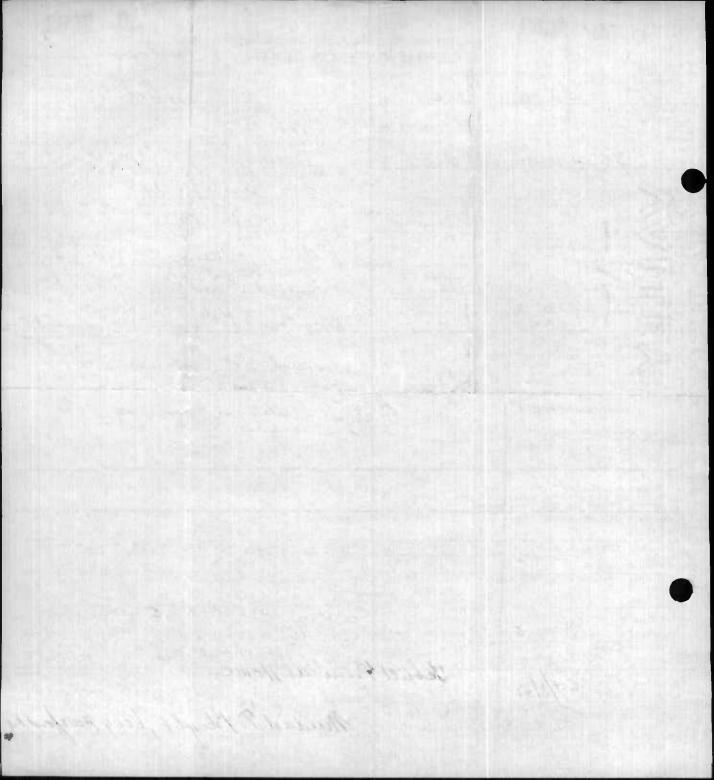
Cemoral. DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

(State)

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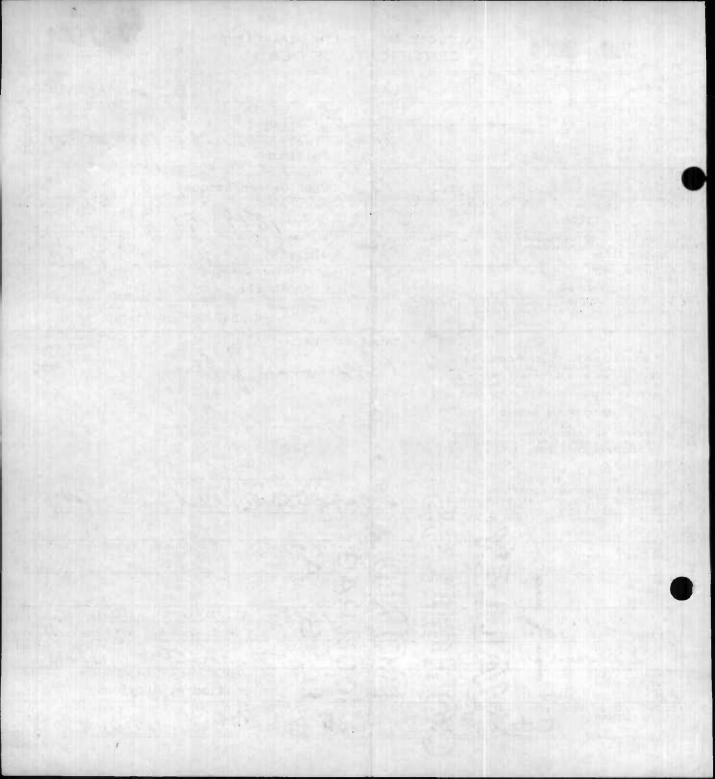


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.____

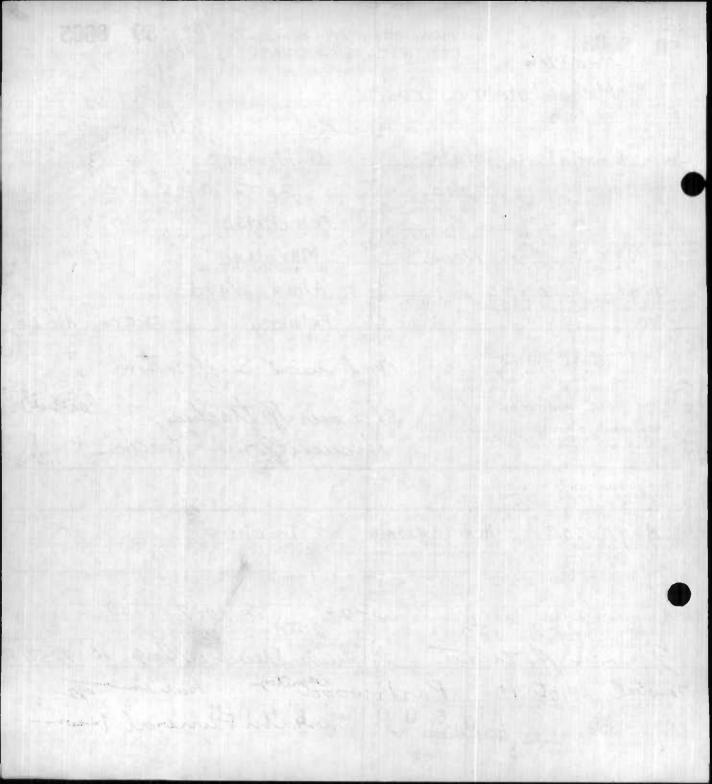
CERTIFICATE OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) CELI	A SHERR	2. DATE OF October	r 6,1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospith HOSPITAL OR INSTITUTION) 2642 Oswego	al or institution, give street address or location)	4. USUAL RESIDENCE (Where deceased lived. If instit a. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write all timore)	before admission)	
c. Length of stay in Baltimore	55 yrs. Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2642 Oswego Avenue		
Female 6.COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In year) Months Amonths		
10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired) NOUSEWIIE	own home INDUSTRY		CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Balk		14. MOTHER'S MAIDEN NAME Hannah ???		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (15 yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Anne Sherr- 2642 Oswego Avenue	ESS	
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication complicat	f dying, e. g., ns the disease, aused death.) ES F ANY, GIVING STATING THE DUE TD TIONS CON-	cenora J Leng	1 gr.	
TO THE DISEASE OR CONDITION			20. AUTOPSY?	
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 1D. TIME (Month) (Day) (Year) FINJURY	218. PLACE OF INJURY (e. g., in about home, form, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?	YES NO K	
	, 1950. and that death occur	red at 10 Pm., from the causes and on the do	at I last saw the ate stated above. C. PATE SIGNED	
24A. BURIAL CREMA- TION REMOVAL (Specify) Burial 10-8-50	24c. NAME OF CEMETE Anshei Emunah		ounty) (State)	
LOCAL REGISTRAR	S SIGNATURE	000.00	W. North	
0@Ti-8 - 195 ⁸	8	04;	W. North anenue	



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B-	6	-	0

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Registered	No	

BIRTH NO. 40-03716 CERTIFICAT	E OF DEATH Registered No			
1. NAME OF DECEASED	2. DATE OF			
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	Md Baltimore			
Union Memorial Hospital	Baltimore 5300 township)			
Length of stay in Baltimore Yra. Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	Feb 17, 1957 O 7 20			
work done during most of working life, even if retired) None None				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
None.	Father 2802 Onex Ave Ball			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A)	hanical Suffocation Pricevilal			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
21a. ACCIDENT WAS UNDER. 21B. PLACE OF (NJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)			
CAUSE OF DEATH 2 1D. TIME (Month) (Day) (Year) (Hour) F INJURY MHILE AT NOT WHILE AT WORK TM. WORK				
deceased alive on 10-2, 19 5 Oand that death occu	2-1950 to 10-7, 1950, that I last saw the rred a 2:55 Pm., from the causes and on the date stated above.			
Traveis H. Wate M.D.	Musical Recursion 18-9-50			
100, REMOVAL (Specify) Oct 10 Parls will	Paltura (State)			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Sarah Timesel Hor			
Va 150				
157 m				

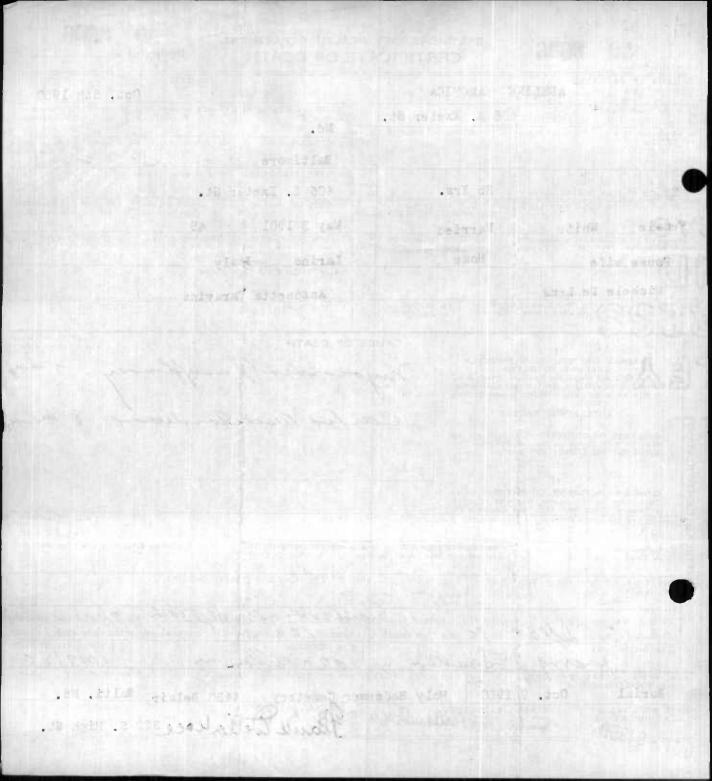


A-552.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 86086

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ADEL INE AMONICA Oct. 5th 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: 406 S. Exeter St. B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 25 Yrs. Length of stay in Baltimore 406 S. Exeter St. Davs 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) H Under 1 Year 9. AGE (In year: 5 SEX 6 COLOR OF RACE 8. DATE OF BIRTH last birthday) Months; Days Hours: Min. May 3 1901 Female. White Married 108. KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Home Larino House wife Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michele De Lena Antonotta Caravina 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO. INTERVAL BETWEEN 18. 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about hume, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT WORK 22. I hereby certify that, I attended the deceased from arch 20 to self 30th, 180, that I last saw the deceased alive on 10 7, 1950, and that death occurred at 20 a.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 100 n. nucl 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)/ (State) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Oct. 9 1950 Holy Redeemer Cemetery Balti. Md. 4430 Belair 25 EUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR a Wood 322 S. High St. CT vs 150

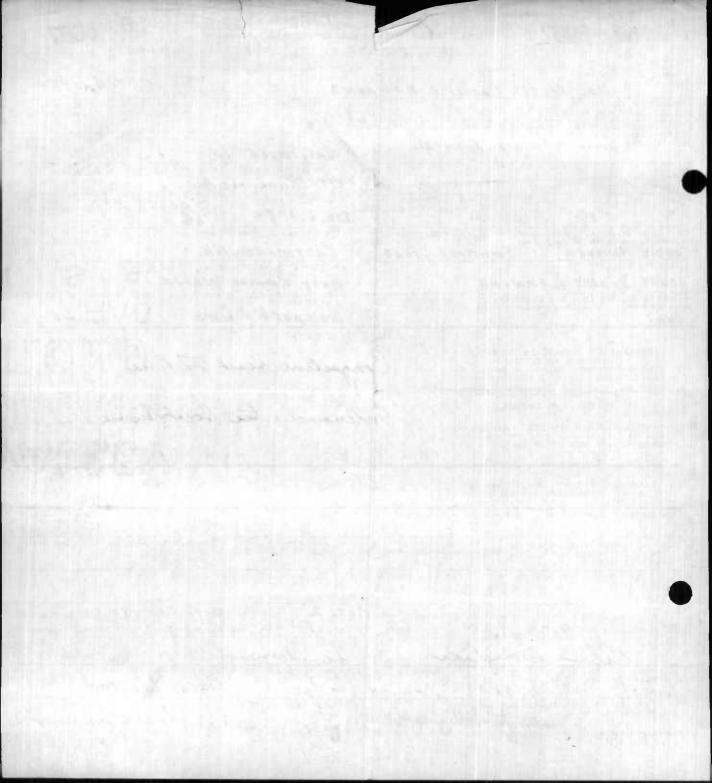


H-5.538607

BALTIMORE CON HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.____

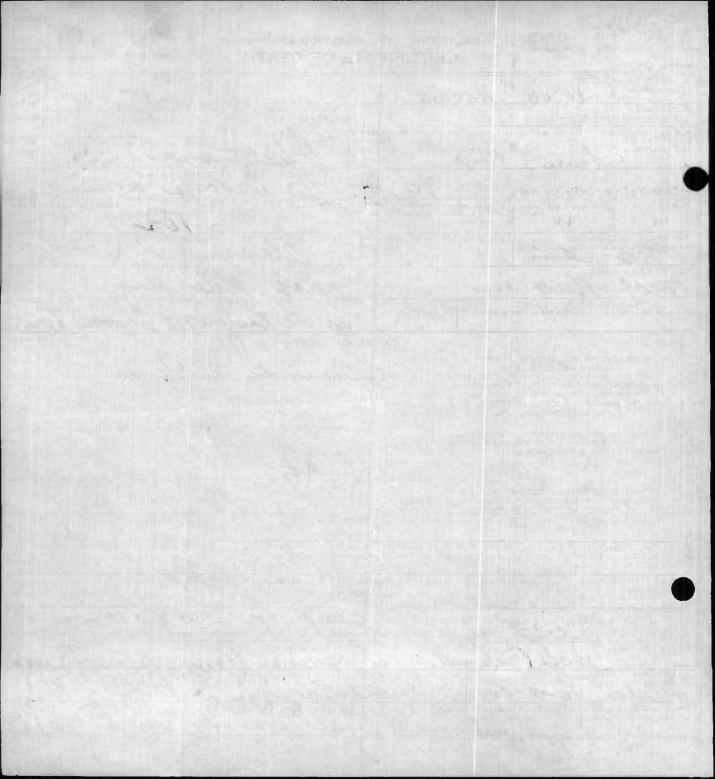
1. NAME OF DECEASED 2. DATE (Type or Print) Oct. 6, 1950 WALTER CARLISLE HAMMOND OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HOSPITAL BALTIMORE o. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 4104 KIDGEWOOD AVE. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | Under 24 Hours | In Under 24 Hours | Min. WIDOWED, DIVORCED (Specify) FEB. 6, 1884 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BALTIMORE, MD. CREDIT MANAGER FLANITURE STORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY DORSEY HAMMOND KOSACIE WALSH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. DECEASED'S WIFE UNK . SAME INTERVAL BETWEEN CAUSE OF DEATH 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! AT WORK WORK 22. I hereby certify that I attended the deceased from Oct. 2 1950 to Ocr. 6, 1950 that I last saw the deceased alive on Oct. 6, 1956, and that death occurred at 7220 m., from the causes and on the date stated above, 23A SIGNATURE 23c. DATE SIGNED 24A BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY 240. LOCAPION (City, town, or county) Juna DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR



H-620

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICAT	E OF DEATH Registered No			
1. NAME OF DECEASED (Type or Print) ARCOB HARRIS	2. DATE OF DEATH Oct 7, 1950			
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence			
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address o				
HOSPITAL OR location	C. CIT od side corporate mints, write RURAL and give			
Jensi Norp	baltenere / - township)			
90 Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore	1 13 1/work Laure			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last) birthday) Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHE ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
not Muoron	not knowing			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 INFORMANT ADDRESS A			
SECURITI NO.	Unice Levy - 718 brooks Lave			
18. 420.0 , CAUSE	OF DEATH			
DISEASE OR CONDITION DIRECTLY	/ A II/			
(This does not mean the mode of dying, e.g., henrt failure, asthenia, etc. It means the disease, injury or complication which caused death.)	teroselesotie Hosene			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				
	1.07			
(C)(C)	To the second se			
LU TRIBUTING TO THE DEATH, BUT NOT RELATED				
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?			
AL AL	YES NO			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?			
The state of the s				
	2 c + 1. , 19 50, to Ocy 7 , 195 Othat I last saw the			
	urred at 3-10Pm., from the causes and on the date stated above.			
23A. SIGNATURE 10 10				
1 Optier Landle M.D.	Amai Hosp 1 Oct 7 1950			
244 BURIAL, CREMA- 24B. DATE 24C NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (19), town, or county) (State)			
plerial 10-8-10 VESTELV	reendship o puero ma			
DATE RECEIVED BY REGISTRAR'S SIGNATURE: 1 15 FUNGAL DIRECTOR ADDRESS LOCAL REGISTRAR Williams Mr. ARK REWIS HE 2100 Entars PC				
vs 150 1 - 8 1950				
	093 d			



Certificate corrected 10-16-50 8609 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If nomin hospital or institution, give street address or HOSPITAL OR location) C. CITS OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Yrs. (If rue, give location) Length of stay in Baltimore a Day 6. COLORADE RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH SE (In years | H Under | Year | Inder 24 Hours | St bart day) | Months Days | Lurs | Min. WIDOWED, DIVORCED (Specify) erdou Dec. 1883 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even (retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? use will MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ...

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21E. INJURY OCCURRED

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) F INJURY

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT

24B. DATE

21F. HOW DID INJURY OCCUR?

NOT WHILE WHILE AT WORK

, 19 Ja., and that death occurred at 3

INJURY OCCUR?

deceased alive on _/

Ш Ū

EDICA

22. I hereby certify that Lattended the deceased from

23B. ADDRESS

-, 19 0 19. Q. that I last saw the _m., from the causes and on the date stated above.

23A. SIGNATURE

24D. LOCATON (City, town, or county)

23c. DATE SIGNED

24 BURIAL, CREMA-TION REMOVAL (Specify)

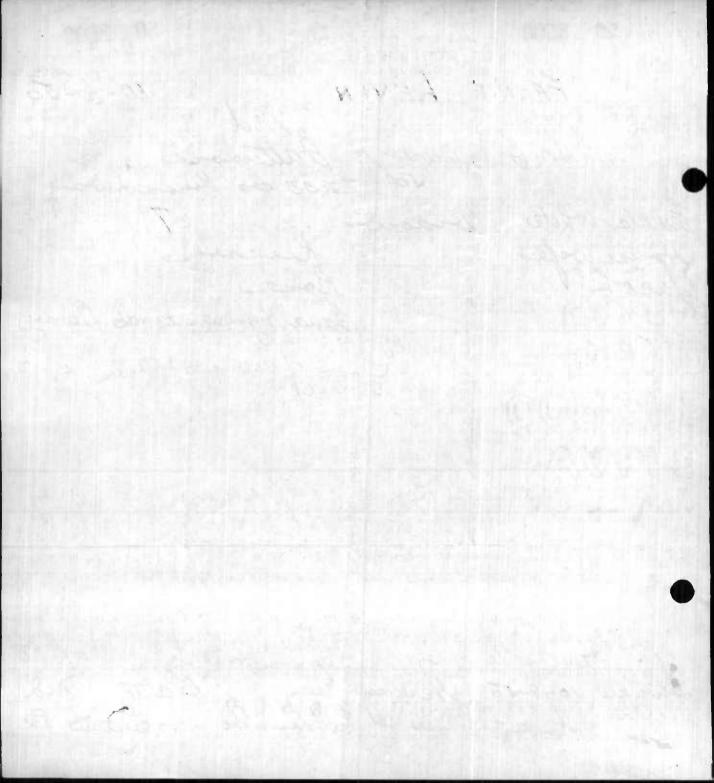
24C. NAME OF CEMETERY OR CREMATORY

PATE REDEIVED BY CAL BEGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

JC DE KEY



R-400610

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CATE OF BEATTI	
1. NAME OF DECEASED	•	2. DATE
(Type or Print) Revenend Wendall S. Re	11 V S.S.	DEATH OCTOBER 7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived, If institution; residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street a		
INCTITUTION	location) c. CITY OR TOWN	If outside corporate limits, write BURAL and give
LO Jenkins Memorial Hospital	BAITIMORE	27-13
3	O Yrs. O. STREET ADDRESS	If rural, give location
c. Length of stay in Baltimore		Belvedere Avenues
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years Under I feet ff Under 24 Hours last birthday) Months: Days Hours Min.
MALE White SINGLE	MARCH 25, 1875	7 5
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINES: work done during most of working life, even if retired)		foreign country) 12. CITIZEN OF
ParesT	CANADA	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME
N-4 .1.4 -21.7		
Not obtainable 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Not obtainab	
(Yes, no or unknown) (If yes, give war or dates of service) SECURIT		ADDRESS
	Hospital Rec	ord -
18. 422,1 C	AUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSE! AND DEATH
A EADING TO DELTI.	ARTERIOSCL	EARTIC CARDIO
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UBSCULBR D	
injury or complication which caused death.) DUE TO	UMS COLINA D	136730
ANTECEDENT CAUSES	CONGESTIVE	Enning
DISEASES OR CONDITIONS, IF ANY, GIVING	- 0 NG ESTIVE	1776046
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
(C)	GRONCLO PNE	UMONIA
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS O		20, AUTOPSY?
N N N N N N N N N N N N N N N N N N N		YES NO
U 214 ACCIDENT SUICIDE 218 PLACE OF INJUR	Y (e. g., in or 21C. WHERE DID	(If in Baltimore City, give exact location)
HOMICIDE (Specify) ebout home, farm, factory, street, c	office bldg., etc.) INJURY OCCUR?	
210, TIME (Month) (Day) (Year) (Hour) 21E, INJURY C	CCURRED 21F. HOW DID INJU.	BY OCCUP?
DE INJURY	OT WHILE	AT OCCUR.
	AT WORK	
22. I hereby certify that I attended the deceased from	m 2/ 1950to	7 , 1900, that I last suw the
		the causes and on the date stated above.
23A. SIGNATURE	238. ADDRESS	23c. DATE SIGNED
John H. Ahim	M.D. No. age	us //est. 10/7/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF	CEMETERY OF CREMATORY 240.	LOCATION City, town, or edunty) (State)
Burial (Specify) 10/11/50 St. Char.	les! College.	atonsville, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. DNERAL DIRECTOR	
LOCAL REGISTRAR	- 100 11-6M	1 94 02 Can Man 1 181
- This to Miliante, Me	10. W. 1/sea	of the sound of
0°5 150 8 1950		. 0 2 1

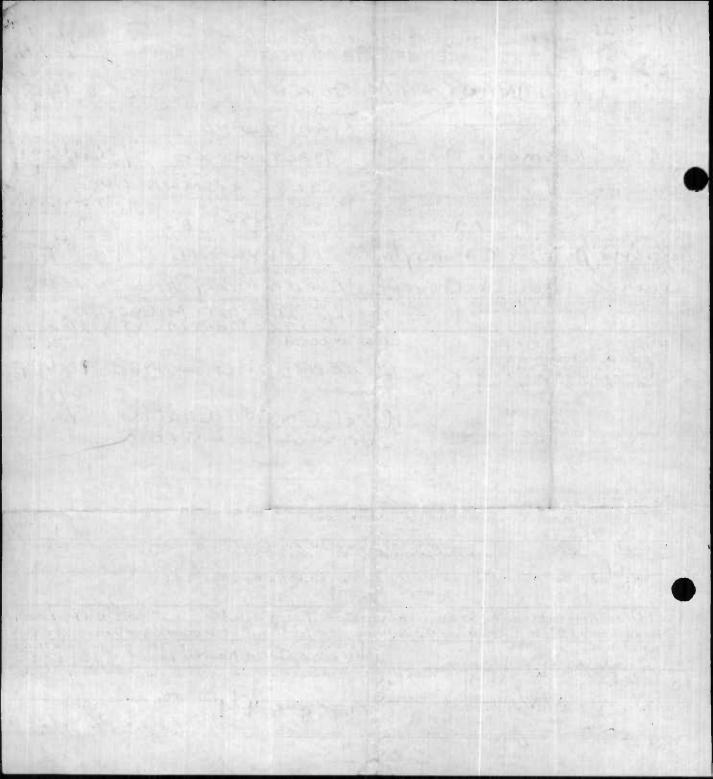
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1,1	210	
	256	2

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.
50	8611

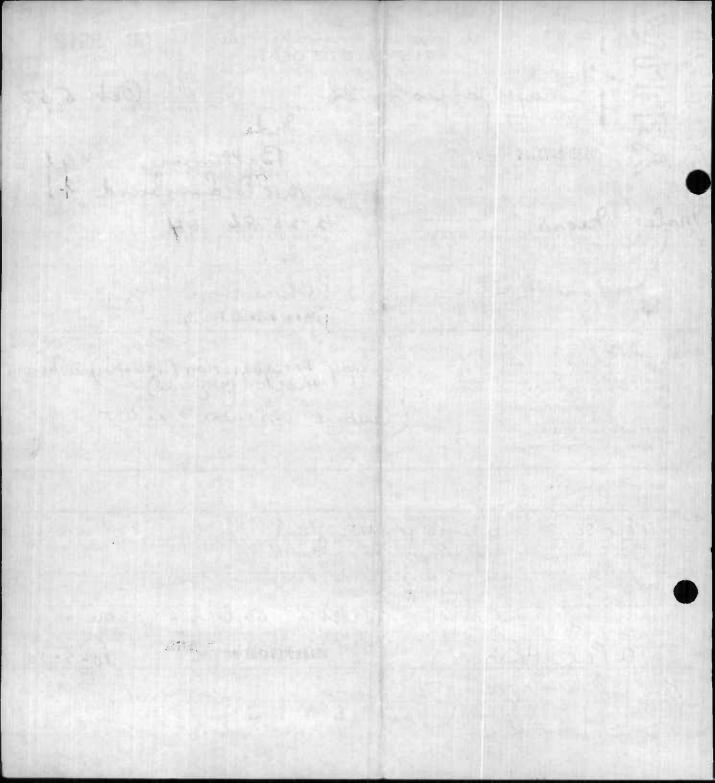
-	CERTIFICAT	E OF DEATH Registered No.	
	RTH NO.		
	Sype or Print) JUHN WALDRUY MC	GOVERN OF OCT.	6,1950
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)		WARREN A W. A. C.
	2920 CRESMONT AVE.	BALTINIORE	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	_ /
	Length of stay in Baltimore 65 Mos.	2920 CRESMONT HV	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)		s Days Hours Min.
10	A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR		CITIZEN OF
17	done during most of working life, even if restricted to the control of the contro	MARYLAND	S. A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1.5	JAMES FAUL MCGOVERN	CLARA MARY JAAUGA	
(Ye	(If yee, give war or dates of service) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	MRS. MARGARET MCGODER	RESS AVIZ.
	18. 443 X . CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	M	ONSET AND DEATH
	LEADING TO DEATH	ZEBRAL HEMORPHAGE	13 Days
	heart failure, asthenia, etc. It means the disease,		
	injury or complication which caused death.) OUE TO		(?)
-	ANTECEDENT CAUSES	ERTENSIVE CARDIA-	VERRE
0	DISEASES OR CONDITIONS, IF ANY, GIVING	PRIENSIVE CARDIO-	
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	SINIS DISENIE	
Ü	ONDERENTION CANA.		
H	(C) .		
RT	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
A	NONE		YES NO X
EDICAL	21a. ACCIDENT. SUICIDE, 21b. PLACE OF INJURY (e.g., HOMICIDE (Specify) about home, farm, factory, street, office bldg.,		exact location)
E	HOMICIDE (Opens)	THIS ONLY	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from	- 29 1950 to 10-6 -, 1920t	
	deceased alive on 10-6 - 1950, and that death occu		
	23A SIGNATURE KON KON M. O.	4230 Ford Raven Blood.	10-6-50
2.	4A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (City, town, or	county) (State)
TI	on, Removal (Specify) Burial 10/10/50 New Cathedra	D-34: 363	
_	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
	OCAL REGISTRAR	To als Meder anglow sos	1. Calverdit
	Mys 1500 1300	7 3	
	一般 おからなっ		n 93 d



5-530

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
1. NAME OF DECEASE (Type or Print)	mes Lini	th	2. DATE OF DEATH	1.550
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If in: B. COUNTY	stitution: residence before admission)
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR INSTITUTION .OLLS ROPKIES KOSPITAL	tion, give street address or location)	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	ratal, give location)	191
5. SEX 6 COLOR OF RACE 7. SINGL	Days E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years # Un	der I Year II Under 24 Hours hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) ABOREAL ODA	JUB S	11. BIRTHPLACE (State or fo	preign country) 12	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	-	14 MOTHER'S MAIDEN N.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS
18. 6/0 X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disease injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	g., (A) Uring se, h.) DUE TO QUE (B) Core	ny tetravasas sheek (pr	tion (prosti oferno) of accident	20 horn
OTHER SIGNIFICANT CONDITIONS COI TRIBUTING TO THE DEATH, BUT NOT RELATI TO THE DISEASE OR CONDITION CAUSING	ED			
	FINDINGS OF OPER	ATION S		20. AUTOPSY?
21A. ACCIDENT WAS UNDER 21B. PL	ACE OF INDURY (e. g., in farm, factory, street, office bldg., e	or A.C. WHERE DID (I	f in Baltimore City, give	e exact location)
21D. TIME (Month) (Day) (Year) (Hour) PF INJURY	21E. INJURY OCCURRI		OCCUR1	
22. I hereby certify that I attended the	deceased from La			that I last saw the
dcceased alive on 200, 5, 1950	2	ded at 1/2 m., from the second at 1/2 m., from t	re causes and on the	date stated above
24A. BURIAL, CREMA- LAB. DATE	24c. NAME OF CEMETE		OCATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATU	- my	26. FUNERAL DIRECTOR	at Eland	Und.
LOCAL REGISTRAR	liame, Mass	Pharles a	Rice los	w. Barre
OCTvs ,8,1950	97099	9	/3	70



H-400

BALTIMORE CITY HEALTH DEPARTMENT

egistered No.____

В	IRTH NO		CERTIFICAT	E OF DEATH	Registered No	
1.	NAME OF DECEASED	1 1			2. DATE OF / /)	1= 1-4
	PLACE OF DEATH:	owle	2. <u>y</u> .	I A MEHAL RECIDENCE	DEATH / U-	5-00
Α.	Baltimore City, Maryland			A. STATE	(Where deceased lived, If in	before admission)
H	OSPITAL OR		ion, give street address or location)		(If outside corporate limits,	
11	ISTITUTION ST. Josep	h's H	ospital	B //	re 24	township
7		110	Yrs.		(If rural, give location)	,
	Length of stay in Baltimore	42	Mos. Days	0085.	treeper 27	<u> </u>
5	SEX 6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) H Un last birthday) Mont	ths Days Hours Min.
	A. USUAL OCCUPATION (Givekind of	10B. KINE	OF BUSINESS OR		r foreign country) 1;	2. CITIZEN OF
Wor	done during most of working life con if retired) House Wife	AT	HOWE,	YORKSHIR	E ENGLAND	WHAT COUNTRY
13	B. FATHER'S NAME	-	-	14. MOTHER'S MAIDEN	NAME	
	6	OD	P	UNK	NOWN	
	5. WAS DECEASED EVER IN U.S. ARMED s, no or nnknown) (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT	// ADI	DRESS
				MPS, JAMES	HOWLET, 50	183 STREETE
	18. /5/X I			OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH		remio.		
	(This does not mean the mode of heart failure, asthenia, etc. It mea	ns the diseas	se,		*** ***********************************	
	injury or complication which		h.) DUE TO			
z	ANTECEDENT CAUS	SES	(B) U	nuria.		over
9	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A)	STATING TI	NG			
FICATIO	UNDERLYING CONDITION LA	ST.	Eq.	1.1.1		4
FI	11		10 Me Me	ralized and	d. Catel no me	2/08/5.
ERTI	OTHER SIGNIFICANT CONDI					
U	TO THE DISEASE OR CONDITION	CAUSING		RATION		20. AUTOPSY?
AL	ion ball of or that ion of	00				YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i		(If in Baltimore City, giv	e exact location)
ME						
	21D. TIME (Month) (Day) (Year) OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE		JRY OCCUR?	
		m.	WORK AT WORK		10 6 17	1
	22. I hereby certify that I att			p Tember 30,50, to		that I last saw the
4	deceased alive on 0 - 5 - 23A. SIGNATURE	, 19.350,		rred at 9 m., from	n the causes and on the	23c. DATE SIGNED
	18	YXV.	elez M.D.	1400 N. (arolinest	10-5-50
2	4A. BURIAL, CREMA- 24B, DATE-ON_REMOVAL (Specify)		24C. NAME OF CEMETE		LOCATION (City, town, or	r county) (State)
	BURIAL 10-9	-50	CAIHEDE	RAL CEM 4		DERICKRI
L	ATE RECEIVED BY REGISTRAR	SSIGNATU	nei D , U	S. FUNERAL DIRECTO	0 901	SI CONTULY
Ħ	7 - 81050 Mustingto	~ Willia	essis, H.W	20 Maries D.	Sille	SA
1	√s0±350	Q TOTAL	SPRINT			463
						1016

If propoble please state a more definite anatomical location of the mulig monttenn? Stoward Donum & File 50 - 8613 S. MEISHARE HERERY, SENSON

BALTIMORE CITY HEALTH DEPARTMENT

50 8614

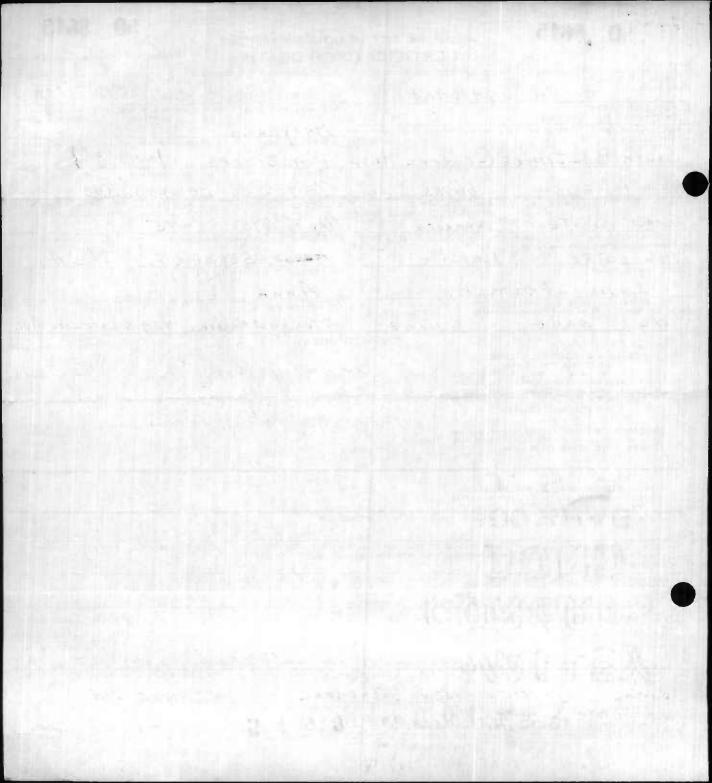
	CERTIFIC	CATE OF DEATH	Registered No_	
	IRTH NO.			1210 NAME
	NAME OF DECEASED Stype or Print)	100	2. DATE OF	- THOOK
	6 mly 6. //	ullowney	DEATH COLL	5, 1950
	PLACE OF DEATH: Reltimore City Manyland / 9 B (Pla 74)	4. USUAL RESIDENCE	(Where deceased lived. If inst	
-	FULL NAME OF (If not in hospital or institution, give street add	1000	B. COUNTY	before admission)
		cation) C. CITY OR TOWN	(If outside or porate limits, w	rito D11DA1 amil mina
11	ISTITUTION Della 11 - Bella 1	- 3-01	th outside desposate limits, w	lownship)
1	4X36 Hark Height We	Hatun		-10
			(If jural, give location)	. 0
FC.	Length of stay in Baltimore stort 11 400	Mos. 4836 ()	Karlo, Height	to the
	SEX 6. COLOB OR RACE 7. SINGLE, MARRIED.	8 DATE OF BIRTH	9. AGE (In year) Il Unde	
11 4	The spowed of the power of the state of the	(Specify) (1, 0, 2, 10°	last birthday (Months	Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 10B, KIND CF BUSINESS	- July 26,181	11/3	
WOL		OR 11 BIRTHPLACE (State		CITIZEN OF
	Housewife Ilma	Cosson,	Thun 1	1.5.0
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	(40.	Marile and		
-	Venn 6 rans	Menon		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SECURITY	NO. 17. INFORMANT	ADDR	ESS PA
		Mr. 4/100, and 11	Mullowney 807	rabation !
	10 1/ - 6 }	USE OF DEATH	- Transer	INTERVAL BETWEEN
	70-01			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	3/200	Disene	1-1 D -
	(This does not mean the mode of dying, e.g., (A)	nonary orean	recepted	Oct 2.1950
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
	mgary or comprised in their caused deathing			
_	ANTECEDENT CAUSES			
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
M	UNDERLYING CONDITION LAST.			
II E				
RTI	(C)			
ER.	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
Ü	TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
₹				YES NO
15	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY		(If in Baltimore City, give	exact location)
EDI	HOMICIDE (Specify) about home, farm, factory, street, offi	ce bldg., etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJ	LIPY OCCUP?	
	YRJURY YOUR TO		OK! OCCOM!	
	m. WHILE AT NOT	WHILE		
	22. I hereby certify that I attended the deceased from	actober 2 1950 to	October 5 1950,	hat I last saw the
	deceased afree on the first one deceased from the deceased from th	2000 at 12.10 mi tra		
	COLUMN TO THE A	1 00- 4000000		3c, DATE SIGNED
	23A. SIGNATURE STBUBERT	LIGAZ ADDRESS	-H And Ko	1 7 10 1-1
_			and her me	11900
	4A. URIAL, CREMA- 24B. DATE 24C NAME OF CREMOVAL (Specify)	EMETERY OF SREMATORY	LOCATION (City, town, or e	county) / (State)
1	Jurial Oct 9/30 Caston	- 10 Banolow Co	molon. Ja	- '
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	S. FUNERAL DIRECTO	OR AF	DRESS /
L	OCAL REGISTRAR Thutington Milians, How	. 0	5005116	Thethaluo
4	A 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	doring ky	eno Jour UNC	A gordon
P	1 vs 45 000 UCG 8 vs 10			10011

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8615

BI	RTH NO.						
	NAME OF D	ANNA	MAI	CARES		2. DATE OF DEATH	DCT. 7,1950
	PLACE OF D Baltimore (City, Maryland	A THE ON	LOCAL TO SELECTION	A. STATE	ENCE (Where deceased liv.	
	FULL NAME	OF (If not in hos	pital or institut	ion, give street address or location)	C. CITY OF TOWN	nd (If outside comparate	limits, write RURAL and give
IN	South	BALTINO	er CE	NERAL HOSE	1 -17		township)
	3	011-01190	1606	Yrs.	O. STREET ADDR	MORE ESS (If rural, give location	n) ⁴
9	Length of s	tay in Baltimore	60	VRS. Mos.	729 S	. LAKEWOOD	AUE
5.	SEX	6. COLOR OR RAC		E. MARRIED, /ED.DIVORCED (Specify)	8. DATE OF BIRTH		rs If Under I Year If Under 24 Hours) Months: Days Hours Min.
	EMALE	WhiTE	MT	RRIED	MAY 18,18;		, months Days Hours Min.
10 worl	A. USUAL OC	CUPATION (Give kind of working life, even if retire	lof 10B. KINE	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
-	House		VOME	stie	44418	GERMANV	2.5.A.
13	. FATHER'S N	- 1	,	,	14. MOTHER'S MA	IDEN NAME	
1 60	LOU WAS DECEASE	115 1/R	umsk	Y	HHHA	}	
(Ye	, no or uoknown)		ates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	NO	NONE		NONE		MAKARES 729	
	18. 42	20,1		CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DE	ATH	C	is margine	then 6.	2 0/
	heart failu	not mean the mode re, asthenia, etc. It m complication which	eans the diseas	e,		January	3 9 0 0 df Se
	ANTECEDENT CAUSES						
Z	DISEASES	S OR CONDITIONS	IF ANY GIVIN		onary an	tery Disease	···········
Ĕ	RISE TO T	HE ABOVE CAUSE (A) STATING TH				
S				(C)	***************************************	***************************************	
717		П	3. 6.1				
CERTIFICATION		IGNIFICANT CON					
U		F OPERATION		FINDINGS OF OPER			20. AUTOPSY?
AL	ISA. DATE C	OF ERATION O	19B. MAJOR	PINDINGS OF OPER	KATION		YES NO P
EDICAL		ENT WAS UNDER R CONTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			city, give exact location)
Σ	210. TIME ((Month) (Day) (Yes	ar) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE		4	
	22. I hereh	y certify that, I a			ct. 4 . 195	Die Oct. 7	1950, that I last saw the
u	deceased al				Sec.		on the date stated above.
	23A. SIGNA		/4.		23B. ADDRESS	1	23c. DATE SIGNED
	M	action (Marie	Muyella. D.	So. Ball	Lous Hoy.	Det, 7, 1950
710	N, REMOVAL (S	Specify		24c. NAME OF CEMETE		240. LOCATION (Chy,	town, or county) (State)
-	TE RECEIVE			NEW CAth	ECKAL	BALTIMORE	Md.
L	OCT - 91		R'S SIGNACI	Marie, M. 2	Blo. L. Yeh	1 1	devel ave.
	VS 150	· ····································		escation representation of the second			0940
1	DART	INC	MACH	HANTAIL			0//00



000		BALTIMO	RE CITY HE	EALTH DEPART	56	8616
BIRTH NO.	0 8616			OF DEATH		No.
1. NAME OF I (Type or Print)	DECEASED	ROBERT M.	HOWIE		2. DATE OF DEATH OCT	. 7, 1950
	City. Maryland			4. USUAL RESIDE	NCE (Where deceased lived	If institution; residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION		alor institution, give	location)	c. CITY OR TOWN	(If outside corporate lin	its, write RURAL and give township
. Length of	stay in Baltimore	44 yrs.	Yrs. Mos. Days		ss (If rural, give location) ollins St.	
5. sex Mele	6.COLOR OR RACE	7. SINGLE, MARE WIDOWED, DIV Married	RIED.	8. DATE OF BIRTH Sept. 12, 1	last birthday)	ff Under 1 Year Aonths Days Hours Min
Work done during most	CCUPATION (Give kind of of working life, even if retired) UCL	IOB. KIND OF BU	ISINESS OR INDUSTRY	Scotland	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S eorge				14. MOTHER'S MAI		
15. WAS DECEAS	ED EVER IN U. S. ARMED (If yea, give war or date	of service) SE	CURITY NO.	17. INFORMANT Mrs. Alic		address ollins St.
DISEASE OF UNDERL	es not mean the mode of ure, asthenia, etc. It means to complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease, caused death.) Du	ЈЕ ТО	rebral hemor	subduralhemorr	hago
TO THE D	G TO THE DEATH, BUT	NOT RELATED CAUSING IT				
19A. DATE	OF OPERATION 1	9B. MAJOR FINDI				YES X NO
O 21A. EXTER	NAL, CAUSE WAS IG A OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF about home, farm, factor Public	INJURY (e. g., iz y,street, office bldg., e	6.) INJURY OCCUP		give exact location) 20/7
of injury oct. 6,		Hour) 21E. INJ	DURY OCCURRED NOT WHILE AT WORK		scaffold to gro	und
the ev		said Autopsy, In	spection or I	nquiry, find that	Autopsy utopsy, Inspection or Inquiry said deceased died on a cuicide , homicide ,	he day stated above
23A. SIGNA	Miam V.	Touth		D. MEDICAL INVE	STIGATOR	ct. 7, 1950
tion REMOVAL (S Burial	Specify)	10, 1950	bu don P	ark	Baltimore, Mar	
DATE RECEIVE LOCAL REGIST	BY REGISTRAR	S SIGNATURE	C. Mar	Harry H. W	itzke 4101 Edmon	ADDRESS
V S 151	P		5100	1/	10/0	V

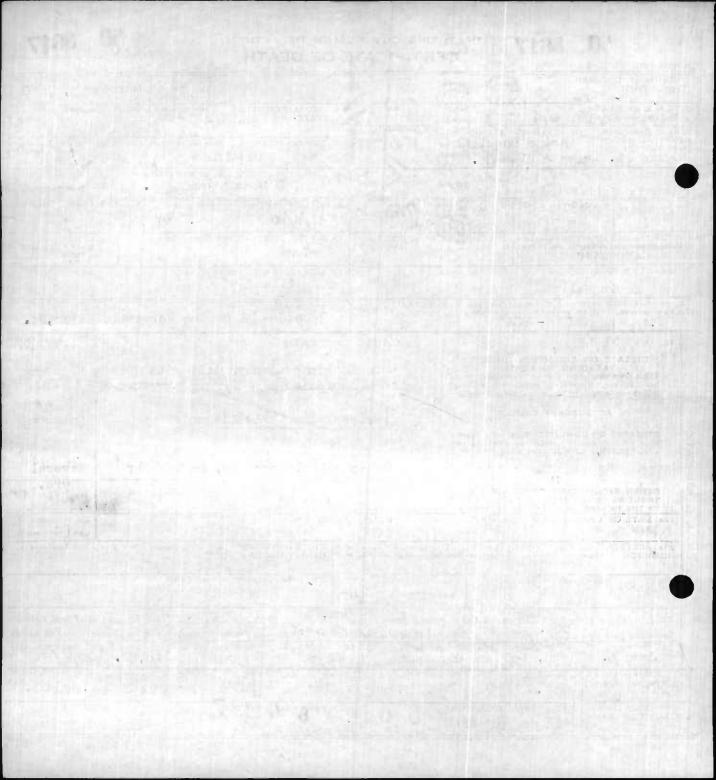
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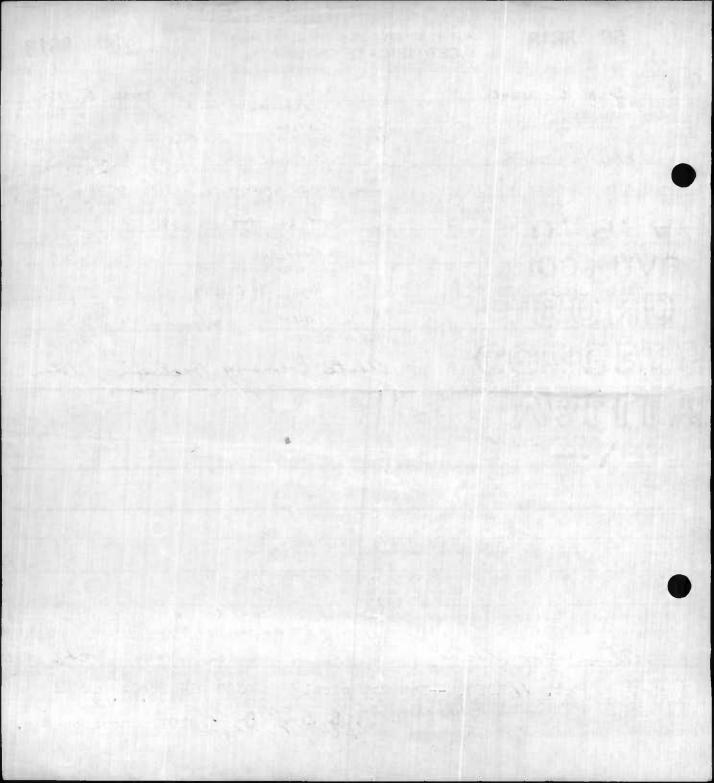
BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	OF DEATH	itt gistered	110
1. (T	NAME OF D	ECEASED FREDER	ICK KE	LLY	MENCH SAME	2. DATE OF DEATH	tober 6, 1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission)
В.	FULL NAME	OF (If not in hospita	al or institut	tion, give street address or location)	Maryte	and	
IIN	STITUTION	US Marine H Drive & 31s		i location,	Baltin	nore /2.	its, write RURAL and give township)
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2613 Mary	rural, give location)	
5.	SEX	6.COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/8/90	9. AGE (In years last birthday) N	fonths Days Hours Min.
10 worl	done during most o	CUPATION (Give kind of of working life, even If retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	COST
15		LS Kelly	FORCES	Lis cocini			
(Ye	Yes	(If yee, give war or dates WWI - US	of service)	16. SOCIAL SECURITY NO.	Records- US Ma	rine Hospita	ADDRESS al, Balto, Md.
	18. 59	21		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does	E OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea	f dying, e.	B19 (A)	c glomerulonephr	itis with	Unknown
	injury or	complication which c	aused death	h.) DUE TO	aremia		
Z	ANTECEDENT CAUSES Perip				heral arterioscle	rosis	Unknown
LIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			***************************************	***************************************	***************************************	
CA	UNDERLYING CONDITION LAST.				3 - 04 0		
TIF		II		(c) US (d O)	myelitis chronic,	, leit temur	Several
CERTIFICATION	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			yrs.
				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE. (Specify)		ACE OF INJURY (e. g., iz farm,factory,street,office bldg.,e		If in Baltimore City,	
M	1D. TIME	Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK L AT WORK L)ot 3 50	0-4-0	50
		y certify that I att		ueceasea jioni	red at 5:05A m., from	UCT. 5 , 19_	50that I last saw the
	deceased al	ive on		Director	38. ADDRESS US Marine Hospit		23c. DATE SIGNED
24	A. BURIAL C	REMA- 248 DATE			RY OR CREMATORY 24D. L		
T	N REMOVAL (S	Oct. 9	/50	Baltimore N	ational 5501	rederick	Rd.Balto.Md
	ATE RECEIVE		SIGNATU	US O C	Janny A. U	6-1	ADDRESS L Edmondson
	VS 150	0000		- 10 mm 5 / 5		0	AV.
1				0102	4		1311



1260 50 8618 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

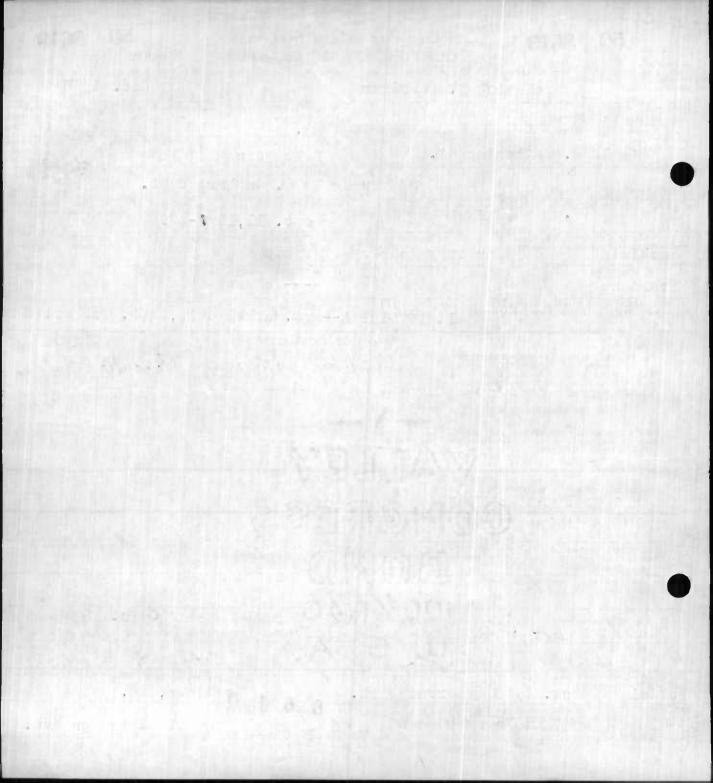
В	IRTH NO.						
	NAME OF D					2. DATE OF	
	PLACE OF D	DARA E. YE. DEATH: City, Maryland	AGER	1 - 1 - 1 - 1 - 1 - 1 - 1	4. USUAL RESIDENCE		roser 6, 1950 ed. If institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or	MARYLAND		
11	ISTITUTION			location)	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and give township)
	UNION ME	MORIAL HOSPI	TAL	Yrs.	D. STREET ADDRESS	(If rural give location	U L
	Length of s	tay in Baltimore	55	Mos .	HOPKINS APARTMI		
	SEX	6. COLOR OR RACE	7. SINGLE	Days .	8 DATE OF BIRTH	_ 9. AGE (in year	ST. PAUL ST.
	F	W	WIDOW	ED, DIVORCED (Specify)	AUGUST 24, 7898) Months Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
	SECRETAR	Y	PHY	SICIAN	MARYLAND		U. S. A.
13	FATHER'S	17.55			14. MOTHER'S MAIDEN	NAME	
1.5	HEN	RY YEAGER			ROSE ME CI	ALLAM	
(Ye	e, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	7/ 1-	ADDRESS
_	No				PATIENT	Hozekus	lifto.
	18. 42			CAUSE	OF DEATH		INTERVAL BETWEEN
8		LEADING TO DEA	TH	a.	te Corman	. 1. 1	. 11.
	heart failu	not mean the mode our, asthenia, etc. It mes	ns the disease	e,	ac crona-	7 Telus	in 10th
	injury or complication which caused death.) DUE TO						
z	ANTECEDENT CAUSES						
01		S OR CONDITIONS, I		IG .			***************************************
CA	UNDERLY	YING CONDITION LA	ST.	(C)			
ERTIFICATION		11					
RT		IGNIFICANT COND					
CE	TD THE D	ISEASE OR CONDITION	CAUSING IT	т			
7	19A. DATE C	OF OPERATION 7	9B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY?
EDICAL	21A. ACCID	ENT WAS UNDER-	21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore C	ity, give exact location)
MED		R CONTRIBUTING	about home, f	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
	D. TIME	(Month) (Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJU	JRY OCCUR?	
h			m.	WORK NOT WHILE			
							19.52, that I last saw the
	deceased at	live on_ Oct. 6	<u>, 19 50</u>			n the causes and	on the date stated above.
	a	luin Bon	zelaa	. /	Unin hems	rial Hory	och6/957
24 TI	AA. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE	0 2	24c. NAME OF CEMETE		LOCATION (City, t	town, or county) (State)
_]	Burial	Oct.	1950	New Cath			derick Rd
0	ATE RECEIVE		S.S. S. S. S.	Mistus, M. S.	25/FUNERAL DIJECTO	//	dmondson Ave.
	VS 150	N	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Sall Kalendary Calendary	1	7	
				3508	5		09400
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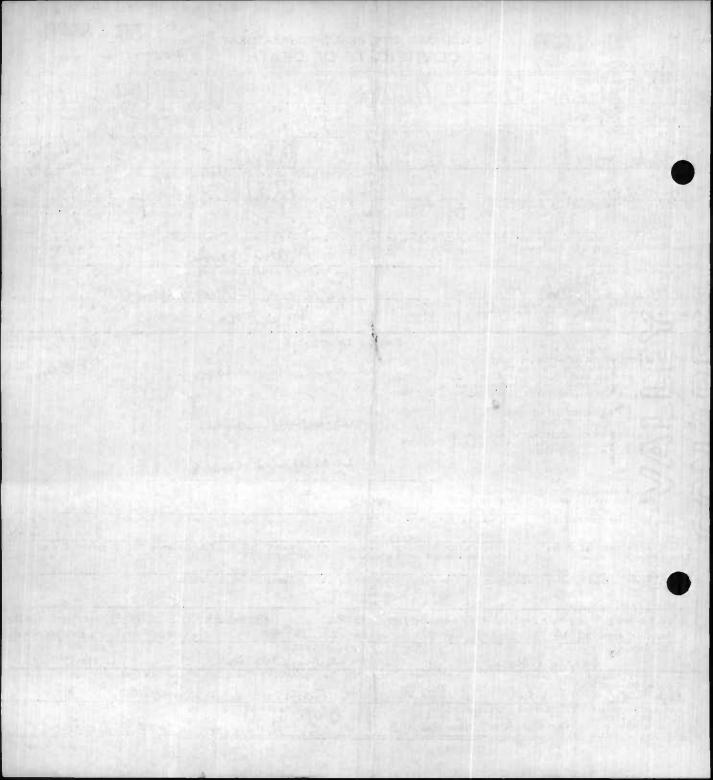
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.		CERTIFICATE	OF DEATH	Registered N	(0,
1. NAME OF DEC	EASED		1	0.0475	
(Type or Print)	Frede	rick G. Boardman		of Oct.	6/50
A. Baltimore Cit	y, Maryland		4. USUAL RESIDENCE (WE	B. COUNTY	institution : residence before admission)
B. FULL NAME OF HOSPITAL OR	(If not in hospit	al or institution, give street address or location)	c. CITY OR TOWN (If o	utside cornorate limit	s, write RURAL and give
	4 S. Oath	erine St.	Baltimore	20-01	township)
c. Length of sta	y in Baltimore	32 y Mgs. Days	14 S. Cather		
5. SEX 6	COLOR OR RACE	7. SINGLE, MARRIED.	Sept. 11,187	9. AGE (In years last birthday) Mor	Under I Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCU work done during most of w 118C 11111S	JPATION (Give kind of orking life, even if retired)		11. BIRTHPLACE (State or for Uanada	eign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	
Boardman			Unknown		
15. WAS DECEASED (Yes, no or unknown)	EVER IN U. S. ARME! (If yes, give war or date	of service) 212 SECURETOR.	17. INFORMANT thel C	ulp,14 S.A	Catherine S
Z O DISEASES ORISE TO THE UNDERLYIN	EADING TO DEA' of mean the mode of asthenia, etc. It mea implication which of NTECEDENT CAUS OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION LA	F ANY, GIVING STATING THE DUE TO (C)	ty with sent	je gemeuj	ia Gays
TRIBUTING T	O THE DEATH, BUT ASE OR CONDITION	NOT RELATED			
19A. DATE OF	OPERATION I	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LYING OR C	NT WAS UNDER- CONTRIBUTING ATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRE	tc.) INJURY OCCUR?	in Baltimore City, g	give exact location)
F INJURY		m. WHILE AT NOT WHILE			
22. I hereby deceased aliv	eon Oct. S	, 1950 and that death occur	35 ADDRESS	OCT-6, 1951 e causes and on th	that I last saw the date stated above
24A. BURIAL, CRITION, REMOVAL (Spe Burial	cify	24c. NAME OF CEMETE 50 Lorraine Pk.		CATION (City, town, Lawn, Md.	or county) (State)
DATE RECEIVED LOCAL REGISTRA OCT - 9 1950		& SIGNATURE TO ME	25 UNERAL DIRECTOR	4101 Edmon	address
VS 150	O Hadron	一一一時間就不知道於州南北州			162a



BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) 10200 DEATH 3. PLACE OF DEATH 4 USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give tomaship) D. STREET ADDRESS (Maral, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (in years If Under I Year I Under Z4 Hours last birthda) Months Day Hours Min. . SEX 6. COLORADE RACE 10A. USUAL OCCUPATION (Givekiod of) 10B. KIND OF BUSINESS OR 11. BHRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 KATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES: Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 60.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ndeterment coutes. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. ACCIDENT, SUICIDE, 21B. FLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 10.2. 1950, to 10-7 , 19 sothat I last saw the 1950, and that death occurred at 1050 Am., from the causes and on the date stated above. deceased alive on 10-7 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS Womens Harutal down D 24c NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county REGISTRAR'S SIGNATURE FUMERAL DIRECTOR ADDRESS DATE RECEIVED BY

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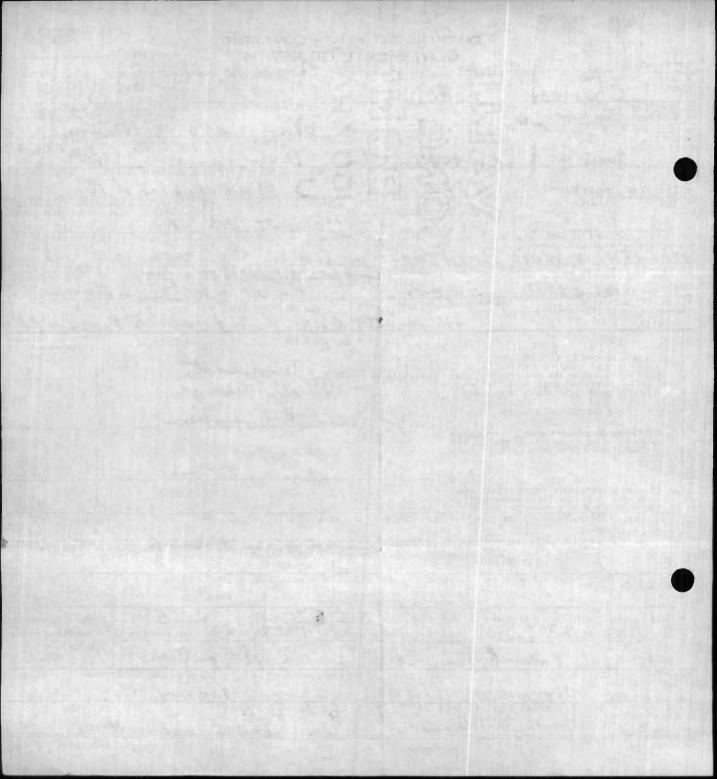
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

В	IRTH NO.			CERTIFICATI	E OF DEAT	The state of the s	cu 110	
	NAME OF E	ECEASED				2. DATE		
(2	Type or Print)			CLARA DAY		OF	10/5/50	
3	PLACE OF E	EATH:			4. USUAL RESIDE	NCF (Where deceased live	ed. If institution: residence	
A	A. Baltimore City, Maryland 4600 Sorentino Rd.				A. STATE	B. COUNT	Y before admission	
B.	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or		Unne	anundal	
11	NSTITUTION			100401011)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv			
	0	Colonial	Nursin	ng Home	Baltimore Brockles photownship			
				Yrs.	D. STREET ADDRE	SS (If rural, give location	n)	
C	Length of s	tay in Baltimore		Mos. Days	614 Woods	Street	5200	
	SEX	6.COLOR OR RACE	7. SINGLI	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In year		
WIDOWED, DIVORCED (Specify)			1/20/1000		Months Days Hours Min			
10	DA USUAL OC	CUPATION (Give kind of	10p KINE	OF BUSINESS OR	4/28/1877	73		
wor	k done during most	of working life, even if retired)	IOB. KINL	INDUSTRY				
_	nousewo		Home		New York			
13	B. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME		
		G	ottleil	Kiefer	Marie ?			
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL		•		
(Ye	s, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
_	No				Family - S	Same		
	18. 44	3X .		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	SE OR CONDITION	DIRECTLY	1/	A -	() 1.	ONSE! AND DEAT	
		LEADING TO DEAT	TH	142	Be Cunn	e pais-		
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES					14		
7						Hon.		
ō	O DISEASES OR CONDITIONS, IF ANY, GIVING							
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WALLE OF THE ABOVE CONDITION LAST.						0 300	
Ü				(C)	may con	app runn	John.	
E								
ERTI	OTHER SIGNIFICANT CONDITIONS CON.							
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
U		SEASE OR CONDITION						
۲	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
EDICA							YES NO	
ā	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (a. g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location)							
A	CAUSE OF DEATH							
7	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
L	F INJURY			WHILE AT NOT WHILE				
	m. WORK AT WORK							
	22. I hereb	y certify that Latt	ended the	deceased from 10.	3 , 200	to 10 -5 ,1	950 that I last saw th	
	deceased alive on 10-5, 1950, and that death occurred at 2 Pm., from the causes and on the date stated ab						on the date stated above	
	23A. SIGNA		0		38. ADDRESS	10.0	23c. DATE SIGNED	
	10	ellen . C.	Xlan	VE M. D.	3025 /	Elde Roof	10-9 50	
2.	4A. BURIAL,	CREMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, t		
TI	ON, REMOVAL (S	Specify					(Dutate)	
	В	10/9/5	0	Cedar Hill		Baltimore		
D	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SSIGNATU	PH//CL	FUNERAL DIRE	CTOR	ADDRESS	
	OOT - O	1950 Than	MAN STATE	YIMOGULLI ME	De La Francisco	aluce - I	30 E. Fort Ave.	
==	061 - 3	11.700	-	1	Autor 1	7		
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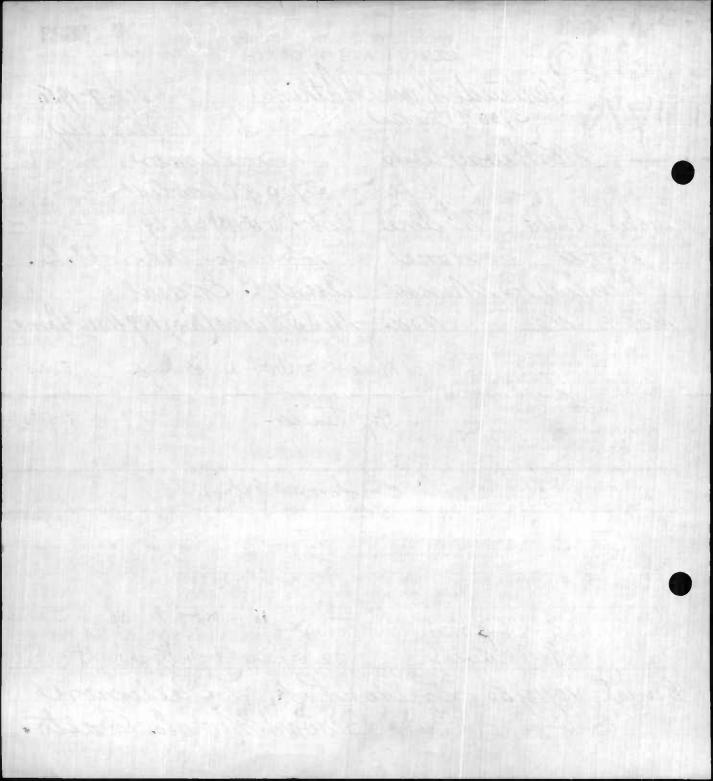
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BALTIMORE CITY HEALTH DEPARTMENT

E	IRTH NO.							
(NAME OF DECEASED Type or Print Charles	reen		of DEATH OCT	5,1950			
	Baltimore City, Maryland Since	.tosputal	4. USUAL RESIDENCE (Wh		institution: residence before admission)			
В		cution, give street address or location)		ro Bi	9 6 70.			
	NSTITUTION C	Q At T			s, write RURAL and give township)			
	mar (Lastoner of	Yrs.	D. STREET ADDRESS (If ru		1249			
C	c. Length of stay in Baltimore Life Days 3 ARROWSHIP							
5	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH last birthday) Mont							
	MWW	1 DOWED	MARCH 25, 1876	74				
WOI	OA. USUAL OCCUPATION (Give kind of IOB. Kill rk doeed during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY			
1	MACHINIST (RET) SE	TH STEEL CO.	BALTO. CO.	MO.	U.J.			
	C		14. MOTHER'S MAIDEN NA	E R				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. INFORMANT	9 E. D	DDRESS			
(Y	es, no or uokoown) (If yes, give war or dates of service)	216-10-2889	CHA: IL Ca	5 = 1 5 h	F. S. H. e.R.			
	18. 420.0		OF DEATH	EEU JI	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTL		OF BEATH		ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A) monary antenosterote							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ě	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
O.								
RTIF	П	(C)						
日兄	TRIBUTING TO THE DEATH, BUT NOT RELA	ATED						
0	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?			
CAL					YES NO			
EDIC	21A. ACCIDENT, SUICIDE. 21B. P HOMICIDE (Specify) about hom	LACE OF INJURY (e. g., inc., farm, factory, street, office bldg., e	n or 21C. WHERE DID (If	in Baltimore City, 1	give exact location)			
F	In Time (March) (Day (V. W.)	1 015 101 100 000 100	5D 01- HOW BID IN 1997	0000000				
L	ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
	m. work AT WORK							
	deceased alive on 5 1950		5, 1920, to		that I last saw the			
	deceased alive on 025, 1950		red at 11:35 AM from the	causes and on the	l 23c. DATE SIGNED			
	Joseph Foursk	einfold M. D.	Sinai Hosp	rital	10-5-50			
2 T	4A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town,	or county) (State)			
-	Buriac Oct. 9,1950		YUN CEM 15	ALTO. Co				
	OCAL REGISTRAR REGISTRAR'S SIGNA	TURE (28 FUNERAL DIRECTOR		ADDRESS			
0	CT - 91950 1 huntington 18	manus, Ma	ULLRICH T	UNERBL !	dere E			
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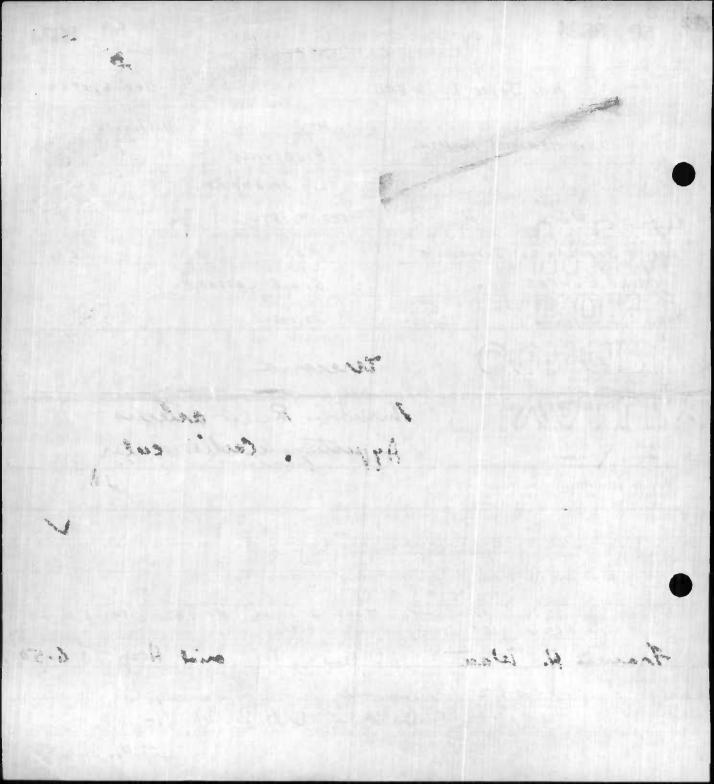
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution: residence polynomial pergre admission) 3. PLACE OF DEATH A. Baltimore City, Maryland 3 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIV ORCED (Specify) 5. SEX 8. DATE OF BIRTH If Under I Year 9 AGE (In years | | Under | Year | | H Under 24 Hours | Months | Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY one one 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO 0 INTERVAL BETWEEN 18. CAUSE OF DEATH/ ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CONterosio d TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! 1908 to oct 7 . 1950, that I last saw the 22. I hereby certify that I attended the deceased from 1950 and that death occurred at 1,30 P.m., from the causes and on the date stated above. deceased alive on oc 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 100 REMOVAL Sprify 24D. LOCATION (City, town, or county) 24B. DATE 24C. NAME OF CEMETERY OR CROMATORY 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS REGISTRAR VS 150 with the Mentalian is



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) MR. JESSE L. WEOB OF OCT. 6, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MD. BALTIMORE HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL HOSMTAL PIKESVILLE D. STREET ADDRESS (If rural, give location) Vra Mos. LIU UPLAND RD. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours: Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify FEB. 4, 1896 Married 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OFFICE (INSURANCE) INSURANCE 0.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSCAR E. WEBB GRACE CASSARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO UNK. DECEASE D -05-9393 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Throubour Rend arteris ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING ennie Cardio vescular RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE 22. I hereby certify that I attended the deceased from Joey 2 1950 to Oct. 6 . 19 56 that I last saw the deceased alive on Oct. 6, 1950, and that death occurred at 8: 45 Am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR - 9195 VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

(1) 1625

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No.					
1. NAME OF DECEASED	2. DATE					
(Type or Print) Mrs. FRANCES DOUGHE	RTY OCT. 6, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland						
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location						
BOW SECOURS HOSP.	BALTIMORE township)					
Yrs.						
c. Length of stay in Baltimore Mos. Days	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year II Under 24 Hours Months: Days Hours Min.					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Special						
FEMALE WHITE MARRIED	9/16/26 24					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
HOUSE WIFE 13. FATHER'S NAME	BALTIMORE USA 14. MOTHER'S MAIDEN NAME					
John 7 -P.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Cecelia Craning 17. INFORMANT C ADDRESS					
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Thomas F. Drushert 524 Chair Come Pd					
18. / 12 V CAUSE	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
(This does not mean the mode of dying, e.g., (A)	HOCK. 71/2 hus					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
(B) Nemonhage						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
(c) Hemorrhagic deatheris Etial?						
OTHER SIGNIFICANT CONDITIONS CON						
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. PREG-NANCY - DELIVERED - 10/6/50						
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTORSY?					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
<u>S</u>						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR DF INJURY						
m. WHILE AT NOT WHILE AT WORK						
22. I hereby certify that I attended the deceased from 19 to 1950 to 10 that I last saw the						
234 SIGNATURE	urred at 6:25 pm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED					
John Kuallen M. D.	Bon Lecrus Hosp. 10/6/50					
24A. BURNEL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial Varioso Camedral	Baltimore, Ms.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS					
001 - 9 1950 1	STewart & Mowen Co. 108-W- north are.					
VS 150	P. F. #1					
	ay 1. 196C					

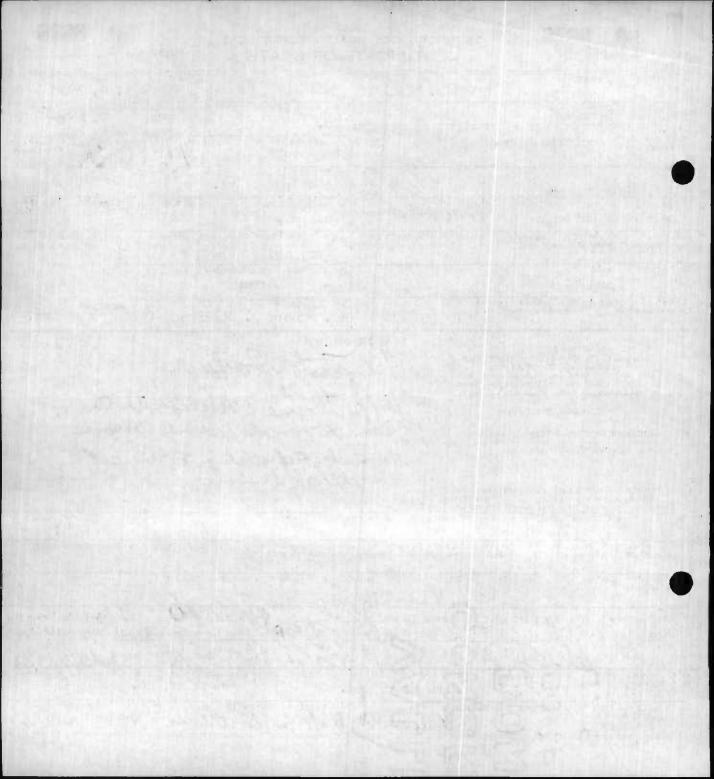
Birth - 50-22947 - 10/6/50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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* * * * * * * * * * * * * * * * * * * *	4,72.90	100
egistered No		

13/a

BIRTH NO.									
	1. NAME OF E (Type or Print)	DECEASED	DAIS	Y B. WILLIAMS	2. DATE OF DEATH Oct. 6, 1950				
	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence B. COUNTY before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NOSTITUTION Doctor's Hosp.					f outside corporate li	mits, write RURAL and		
Yrs. C. Length of stay in Baltimore Days					D. STREET ADDRESS (If rural, give location) 2404 Arunah Ave.				
	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) married				B. DATE OF BIRTH July 10, 1890	9. AGE (In years last birthday)	Months Days Hours	Hours Min.	
10A. USUAL OCCUPATION (Give kind of work denerging most of property of the property of the control of the contr				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY				
	13. FATHER'S	NAME Engle			14. MOTHER'S MAIDEN NAME - Dorsey				
	15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yee, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Robert P. Wi	lliams 240	ADDRESS 4 Arunah Ave.		
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA so not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, IT THE ABDVE CAUSE (A) LYING CONDITION LY SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. 1 ons the disease caused death SES F ANY, GIVIN STATING TH AST. ITIONS CDI NOT RELATING COUSING	(B) OUE TD ALLE (C) PAGE (C) PAGE (A) No.	rterefere & Gi derorelor, who Fifrillate think lundo	leve Terisch v-ol de in + reles	ecore.		
140				FINDINGS OF OPER			YES ND		
NAT DIV	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21a. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?								
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK									
deceased alive on the causes and that death occurred at 1000 m., from the causes and							hat I last sau the date stated ab		
	23A. SIGNA	· Avorep	44.	М. О.	CON Show	no A	23c. DATE SIGN	8	
11	24A. BURIAL. TION, REMOVAL (BUT)		MIDD OF THE	24c. NAME OF CEMETE Pine Grove Cen		Location (City, to		ate)	
	DATE RECEIVE	PED BY REGISTRAR	SIGNATI	Williames, MG	SEFUNERAL DRESTOR	Lever 4 x	and Sall	-)	
1=	VS 150	Twee		A COMPANIES THE PARTY OF THE PA			(WG		

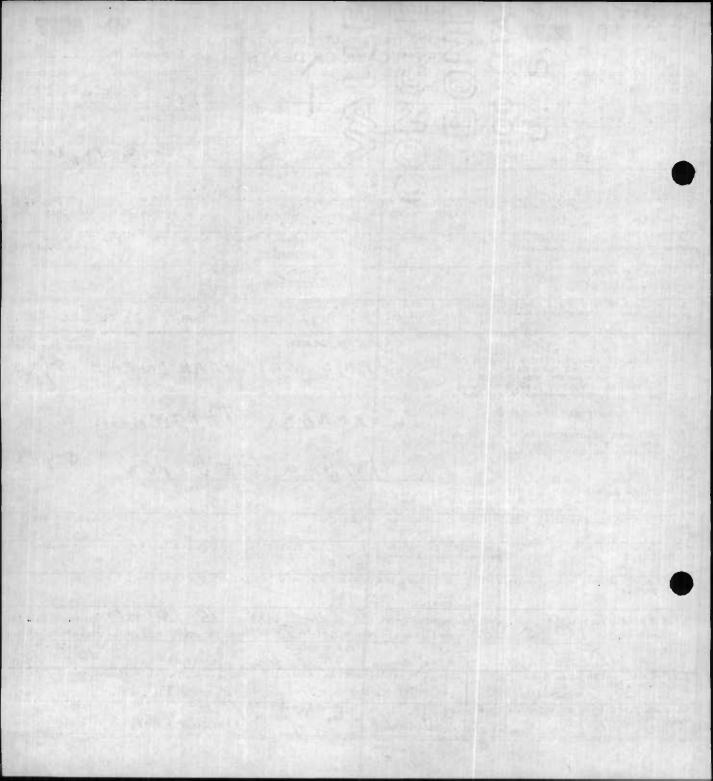


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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eris	tered	No	

BIR	TH NO.			CERTIFICATI	E OF DEATH	- Register	ed No.
	NAME OF D	ECEASED	EMMA (C. DOBSON		2. DATE OF DEATH	Oct. 6, 1950
A. I		City, Maryland			4. USUAL RESIDE A. STATE Md.		ed. If institution; residence Y before admission)
HOS	ULL NAME SPITAL OR TITUTION	2419 W. Nor		ion, give street address or location)	c. CITY OR TOWN Baltimore	(If outside corporate	limits, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRES	ss (If rural, give location	n)
ALCOHOLD SANDOWN		tay in Baltimore		Days		9. AGE (In year	If Under Year If Under 24 Hours
5. s	emale	white	WIDOW	E, MARRIED. RED. DIVORCED (Specify) LOOW	Nov. 20, 18	T4 LJ-41 1)	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S. Wisconsin	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N		F.E. W.		14. MOTHER'S MAI		
15. (Yes,	WAS DECEASING OF UNITED WIND	ED EVER IN U.S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Emma	C. Dobson 24]	ADDRESS 19 W. North Ave.
	18. 42 DISEA	SE OR CONDITION			OF DEATH	Culup Del	INTERVAL BETWEEN ONSET AND DEATH
	heart failu	LEADING TO DEA's not mean the mode of the complication which of the complication which is the complication which the complication which is the complication	of dying, e. g	e,	777	CUNAR JIS	EASE SYRS
z		ANTECEDENT CAUS	SES	(B) COR	ONARY	THROME	3054
ATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	HE DUE TO			0,000
RTIFICA		11		101 H Y	IDER 7	ENSIO,	N JAKS.
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	N.			
	19A, DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY? YES NO
	2 IA. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,			ity, give exact location)
	ID. TIME	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?	
		y certify, that I at			//0 ,19×4		19 50, that I last saw the
-			_, 1950.		red at 7 m.,	from the causes and	on the date stated above.
	23A. SIGNA	Villiam		rey, M.D.	1728 Per	ma are	23c. DATE SIGNED 7/30
7101	N REMOVAL (S Burial	CREMA: 248. DATE 10/10/		Druid Ridge	Cem.	Pikesville,	/ /
	TE RECEIVE	RAR	S SIGNATU	Williams, M.	FUNERAL DIR	Lehner & Si	ADDRESS ADDRESS
	VS 150	·		Committee of the Assessment of			093d

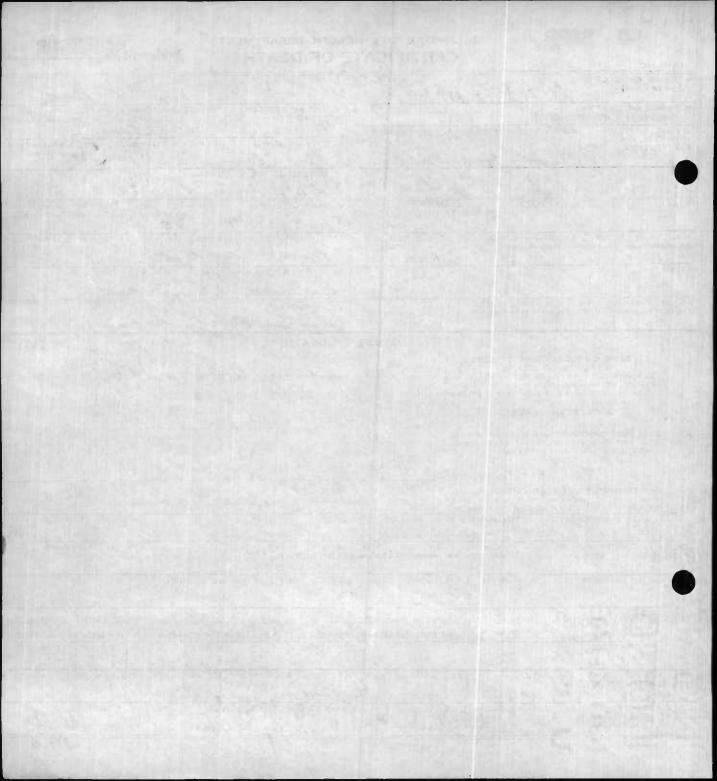


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF nas HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. 3d. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year last birthday) Months; Days Hours; Min. Widowed IOA. USUAL OCCUPATION (Give kind of LOB KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Ma INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 6 lawer Angmon 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) HOMICIDE (Specify) 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE! 7, 1950, and that death occurred at 105 Am. from the 22. I hereby certify that I attended the deceased from Lege 1950, that I last saw the deceased alive on Oct. A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24D LOCATION (City, town, or county) Sweak DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS

with the falling of seath.

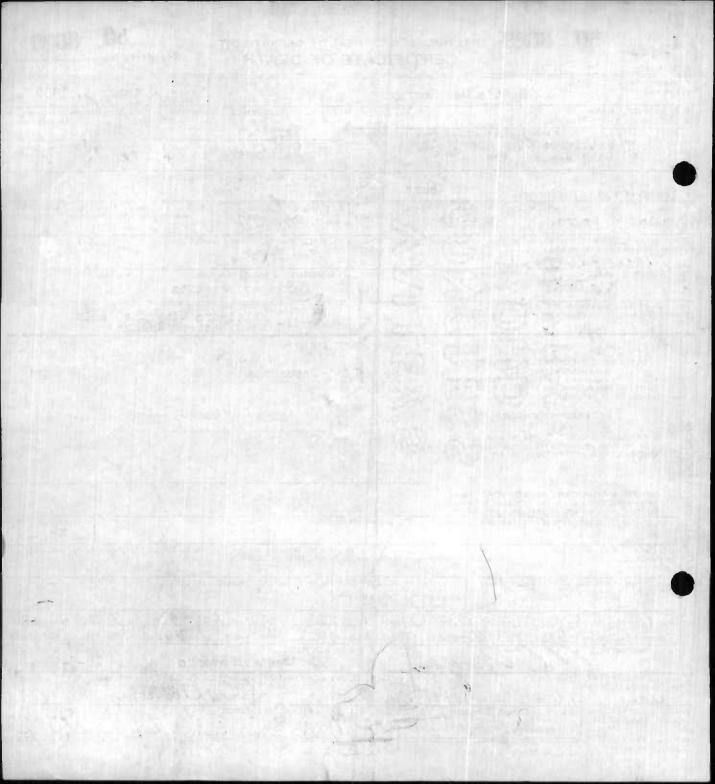
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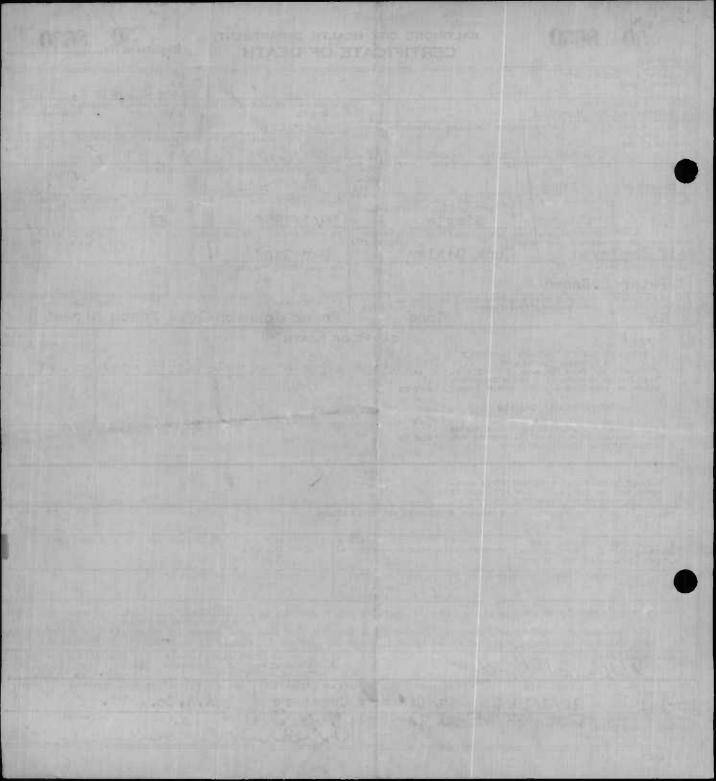
	0	8629
egistered	No.	

	10.1962		OF DEATH Registered No	1000
	IRTH NO.	716	OF BEATH	
	NAME OF DECEASED (Spe or Print) Hattie Mae Murray		2. DATE October	5, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
[[H	FULL NAME OF (If not in hospital or institution, give street addressed opening the Baltimore City Hospitals local		Maryland c. CITY OR JOWN (If outside corporate limits, w	ite KURAL and give
	4940 Eastern Avenue		Baltimore //- 0-	township)
	Length of stay in Baltimore 6 Years	ios. Jays	D. STREET ADDRESS (If rural, give location) 226 W. Chase St.	
	emale Negro 7. Single, Married, Widowed Divorced (Sp. Married	ecify)	B. DATE OF BIRTH Dec. 25, 1917 9. AGE (In years Months) Nonths	Days Hours Min.
wor	DA. USUAL OCCUPATION (Give bind of 108. KIND OF BUSINESS OF A done during most of working life, even firstired) 1NDUS		11. BIRTHPLACE (State or foreign country) New York	CITIZEN OF WHAT COUNTRY?
13	Otis Brown		14. Mother's Maiden Name Mamie Lou Jackson	V
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	0.	Records- 4940 Eastern Avenue	is in the second
	18. 491X , CAU	SE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1- 8	1 Promonia	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	1CH 1	al Pneumonia	4 days
	injury or complication which caused death.) DUE TO			1
Z	ANTECEDENT CAUSES (B)			***************************************
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
1C/				
ZTIF	OTHER SIGNIFICANT CONDITIONS CON-			
CEI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF C	PERA	ATION	20. AUTOPSY?
EDIC	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (enabout home, farm, factory, street, office)	e.g., in hldg.,eta	or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
	PID. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCION OF INJURY		D 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT W	ORK L		
	22. I hereby certify that I attended the deceased from deceased alive on Oct. 5, 19 50 and that death o			
	23a. SIGNATURE		BB. ADDRESS 23	BC. DATE SIGNED
_	BURIAL, CREMA-1 24B. DATE 124C, NAME OF CEM			0-5-50
W	SABBURIAL, CREMA- 248, DATE OF REMOVAL (Specify) 10-9-50 Th. Give	PAR	or CREMATORY 240 OCATION (City, town, or come of the common of the commo	ounty) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	7/2		DRESS 578W
=	VS 150	- 1/	Metrancis W. Nemsely Je	adu of
]]	200 A COMMAN			1070

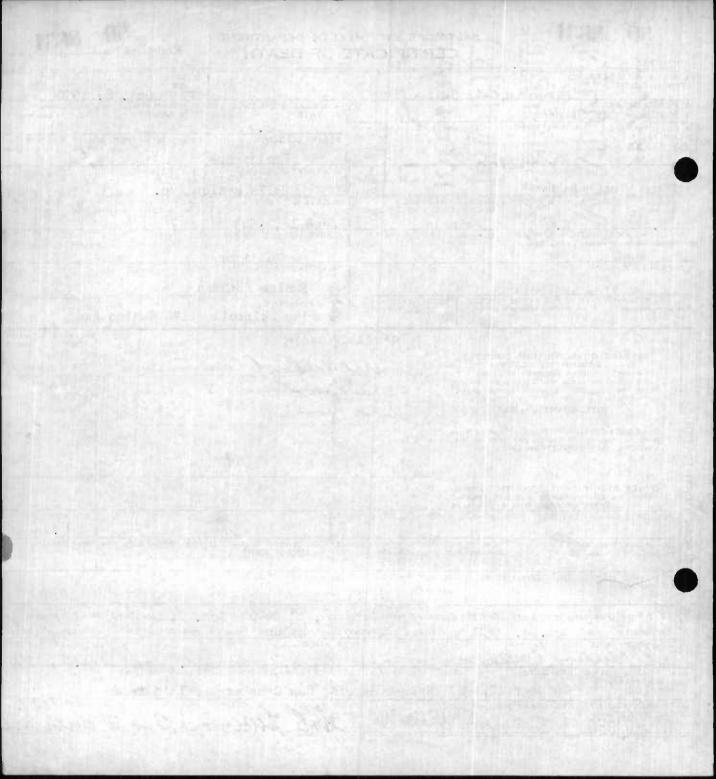


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE PETER SNEAD DEATH October 4. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION South Baltimore General Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1029 Reach Allev Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) male colored **10/1/18**96 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Self Employed Dealer Maryland 14. MOTHER'S MAIDEN NAME Peter B. Snead 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) { (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Frank Johnson-1029 Peach Street No None INTERVAL BETWEEN 18. U.L CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Mt Calvary Cemetert A.A.Co. DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

V S 151



BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0
1.	NAME OF DE	CEASED				2. DATE	
(1	ype or Print)	Marjori	e Gail	Skirboll		DEATH OCT.	8. 1950
	PLACE OF DE Baltimore Ci				4. USUAL RESIDENCE (
H	FULL NAME OF	OF (If not in hospit	al or institut	tion, give street address or location)		f outside corporate limits	
20.2	Soverage.	St. Jes	enh's		Baltimor	A	township
				Yrs.	D. STREET ADDRESS		I with the major
-		ay in Baltimore		Mos. Days		lon Ave.	15-31
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H	Under 1 Year H Under 24 Hours ths: Days Hours: Min
	F.	W.		ngle	June 18, 1943	7	
		UPATION (Give kind of working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN OF WHAT COUNTRY
	None . FATHER'S N				Baltimor		
13	. FATHER'S NA	AME		0.00	14. MOTHER'S MAIDEN N	IAME	
	Maur	ice Skirboll			Eunice Roth	man	
15	. WAS DECEASED	O EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL	17. INFORMANT		DRESS
(20	, ac or hazhown)	(11 Joseph Brio was or days	or activity	SECURITY NO.	Maurice Skirbol	l 3125 Hanlon	Ave
	18. 193 X	,		CALICE	OF DEATH		INTERVAL BETWEE
	100	1			OF DEATH		ONSET AND DEAT
		E OR CONDITION LEADING TO DEA		MI	00.00.1.60	- 7	
	(This does	not mean the mode e, asthenia, etc. It mes	of dying, e.	g., (A)	eaces o a	avnua	
	injury or	complication which	caused deat	h.) DUE TO Che	e fostomi	to levy	
		ANTECEDENT CAU	SES	0.	edullobla	0'	
z				liver			
RTIFICATION	RISE TO TH	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION L	STATING T				
12							
F		11		(C)			
EH		GNIFICANT COND TO THE DEATH, BUT					
Ū	TO THE DI	SEASE OR CONDITION	CAUSING	IT			
AL	19A. DATE OF	F OPERATION O	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
O			1			76 ' 7) 14' G''	YES ND X
EDI	HOMICIDE			ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, g	ve exact location)
	210. TIME (1	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereby	certify that I at	tended the	deceased from June	18, , 1950, to 0	ct. 8, , 19 50)that I last saw th
	deceased ali	ve on Oct. 8.	_, 1950,	and that death occur	rred at 1:30pm., from	the causes and on th	e date stated above
	234 STGNAF	VRE /	7	2	3B. ADDRESS		23c. DATE SIGNED
	Cl- (2	uden (e	Reco	M. D.	1100 N. Carolin	e St.	oct 8 1950
24 TI	A. BURIAL, CON, REMOVAL (Sp	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240.	OCATION (City, town,	or county) (State)
111	Eurial	October	10,19	O Hebrew Hern	ring Run Cemetery	Baltimore Mo	1
	ATE RECEIVED	BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS 1/26
LO	CAL REGISTS	RAR DEO	5.75	Nillianis, M. F.	Sul Time	an 1 Ban 1	
	101 - 3 13	DU LUCI	A A	1 1	son surve	iont long n	nouse an
	VS 150		1,100	Fort Markinghames . e.s.			Math au



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8632

BIRTH NO.		Page 1				
1. NAME OF D (Type or Print)		ry Vend	elis		2. DATE OF OC	t. 7-1950
	EATH: City, Maryland		tion, give street address or	4. USUAL RESIDENCE A. STATE Maryland	I DECITI	
HOSPITAL OR INSTITUTION	Baltimore (City Ho	spitals location)		6)	its, write RURAL and give township
c. Length of s	tay in Baltimore	Life	Yrs. Mos. Days	b. STREET ADDRESS (10	polla
5. SEX Female	6.COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify) gle	B. DATE OF BIRTH March 28-1931	9. AGE (In years) last birthday)	In Under 1 Year If Under 24 Hours Min.
10A. USUAL OC	CUPATION (Give kind of working life, even if retired)	108, KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	Andrew Ver	ndelis		14. MOTHER'S MAIDEN Despina Apos		
15. WAS DECEASE (Yes, no or nuknown)	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	Records: 4940	imore City Ho Eastern Ave.	spitais
(This does heart failu	SE OR CONDITION LEADING TO DEA's not mean the mode of tre, asthenia, etc. It mea complication which of	ΓΗ of dying, e. ns the diseas	g., (A) Acute	OF DEATH Pulmonary Edema		5 min.
RISE TO T	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			ic Heart Disease	9	Over 2 yrs.
E	11	T10110	(C)			(2)
W TRIBUTING	SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED	· · · · · · · · · · · · · · · · · · ·		
	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	21B. PL.	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	p or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	
of INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
deceased al	live on 10-7-		deceased from 10- and that death occur	rred at 7 Am., from	the causes and on	50, that I last saw the the date stated above
23A, SIGNAT	CB. Cs	loger	M. D. 4	940 Eastern Ave.	re City Hosp:	10-7-1950
TION, REMOVAL (S	10-9-	50	greek &	met U	Lucksof M	ill Rd.
DATE RECEIVE		SIGNATI	Michael Mit	25. FUNERAL DIRECTOR	2 mc 44	OE North.
VS 150	4	1000 p. 1. 1. 1. 1.	3 Mary La Bankers			95B AVE

- Was the RH condition accompanies by action the lime of beath? Do clime records show parlicular type? Inactiva DeeDocument File 50 - 8637 11-10-50

50	onna
. 113	0.55
Registered No	

BIRT	H NO.			CERTIFICATE	E OF DEATH
	ME OF DI	ECEASED			C. M. W. 2. DATE
(Type	or Print)		Elizabe	th (Smi	th Smithers DEATH Oct. 4, 1950 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
	ACE OF DE	EATH: Sity, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission
	LL NAME		al or institut	ion, give strect address or	35
HOSE	PITAL OR			location)	C. CITT OR TOWN (II dutaide corporate minis, write RURAL and giv
11.0	·	1521 N. Gilmo	ore St.		Baltimore /5 township
				Yrs.	o. STREET ADDRESS (If rural, give location)
c. Le	ength of st	tay in Baltimore	56	vears Mos.	1521 N. Gilmore St.
5. SE	X	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 House
Fe	emale	Colored		nøle	June 10, 1871 79
10A.	USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
WO! X 00!	Domes		Pvt	0 12	Harriett Co. Va. USA
13. F	ATHER'S N				Harriett Co. Va. USA 14. MOTHER'S MAIDEN NAME
	Henry	Smithers			Eliza Scott
15. W	AS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no	NO.	(If yes, give war or date	s of service)	SECURITY NO.	Mrs.Ruth Richardson 802 McKean Ave
1 ,,	3. 42	2 1		CAUSE	OF DEATH INTERVAL BETWEE
		E OR CONDITION	DIRECTIV	CAUSE	ONSET AND DEAT
		LEADING TO DEA	TH	Arterio	sclerotic Cardiovascuar Disease
	heart failu	not mean the mode or, asthenia, etc. It mes	ans the diseas	se,	207210010 OCTATOACDOMMI DIDEGDE
	injury or	complication which	caused death	1.) DUE TO	
		ANTECEDENT CAUS	SES		
Z	DISEASES	OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************
음		HE ABOVE CAUSE (A)		HE DUE TO	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				(C)	
RTIFICATION		11	TIONS		
RT	TRIBUTING	TO THE GEATH, BUT	NOT RELATI	ED	
<u> </u>		SEASE OR CONDITION		FINDINGS OF OPER	ATION [20, AUTOPSY?
	A. DATE O	F OPERATION 1	SB. MAJOR	PINDINGS OF OFER	YES NO 3
TA CAL	A. EXTERN	IAL CAUSE WAS	218. PL	ACE OF INJURY (e.g., it	n or 21c. WHERE DID (If in Baitimore City, give exact location)
5 U	NDERLYING	OR CONTRIB-		farm, factory, street, office bldg., e	otc.) INJURY OCCUR?
		Month) (Day) (Year)		21e. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
	F INJURY			WHILE AT NOT WHILE	
-			m.	WORK L. AT WORK L	Thencetion & Inc
2	2. I certif	y that I took char	ge of the	remains described a	above, held an Inspection & Inq. thereon and from
	the evi	dence obtained by	said Auto	psy, Inspection or I	Inquiry, find that said deceased died on the day stated above
			resulted j	rom: natural causes	3 23, accident [], suicide [], homicide [], undetermined [].
2	3A. SIGNAT	OKE 1/2	11	7 1 1 1 1	23B. CHIEF MEDICAL EXAMINER
244	BURIAL, C	REMA-1 248, DATE	av J	M. 24c. NAME of CEMETE	I.D. MEDICAL INVESTIGATOR UI UCT. 6. 1950
TION,	REMOVAL (S	pecify)			
	urial	10/9/19	50	Arbutus Men	
			-		
LOCA	RECEIVE	BY REGISTRAR	S SIGNATI		25. NELLA DIBECTORIUNIAL MANDRESS
LOCA	RECEIVE	BY REGISTRAR	SSIGNATI	Mians, M.Z.	
Loc.	RECEIVE	BY REGISTRAR	SSIGNATI	IRA . I	25. NELLA DIBECTORIUNIAL MANDRESS

	50	8634
10	0	40777
BIRTH	NO. 48	-20740

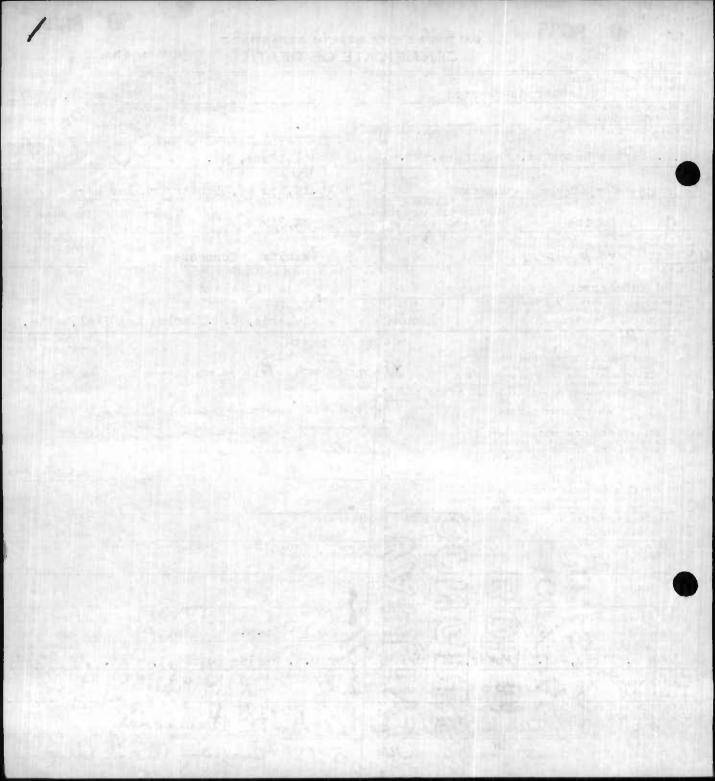
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

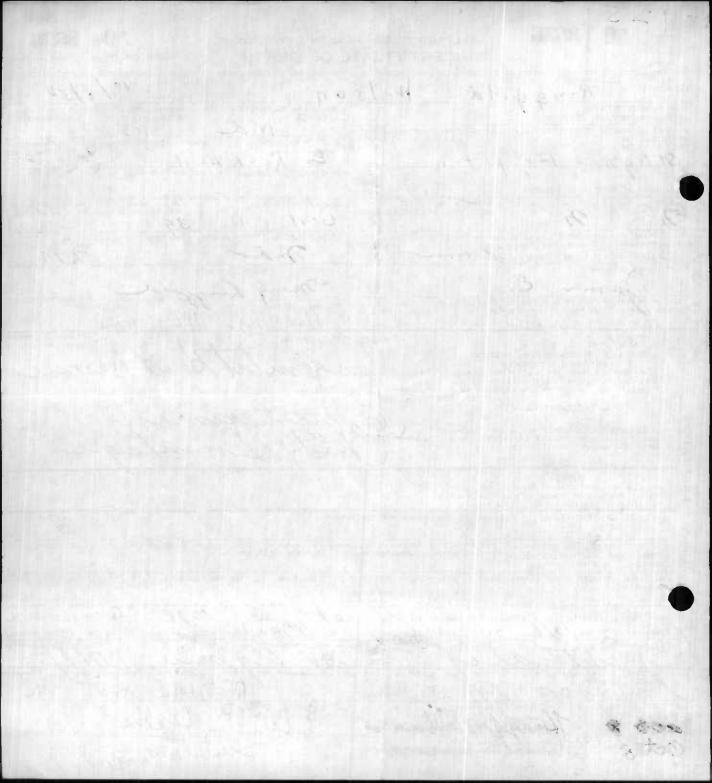
B	IRTH NO. 4	8-20740					
	NAME OF D		HANIEL	MOLLO	CK The Parket	2. DATE OF DEATH Octobe	er 5. 1950
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	11	f outside corporate limits, w	rite RURAL and give
IN	ISTITUTION	Mercy Ho	spital		Baltimore		township)
			-	Yrs.	D. STREET ADDRESS (If	-	
6	Length of s	tay in Baltimore		Mos. Days	413 Forre	est Street	Market .
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	or I Year If Under 24 Hours
_	Male	Colored	Sin	gle	Sept. 21,1948	2	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country) 12	. CITIZEN OF WHAT COUNTRY?
-	None		None		Maryland		
13	B. FATHER'S 1	NAME	4		14. MOTHER'S MAIDEN N	IAME	1
15		O Usken /4	FORGE	1.10.000141	ddora Mollo		
(Ye	e, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	
		1.5.			uldora Mollock 4	La Forrest St.,	
	18. 5	12.01			OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Paratas	re of liver		
	heart failt	s not mean the mode oure, asthenia, etc. It mes	ins the diseas	se, (A)		***************************************	***************************************
	injury or	complication which	caused death	a.) OUEXA			
		ANTECEDENT CAUS	SES	Intra	peritoneal hemory	rhage	
Z		S OR CONDITIONS, I			***************************************	······································	***************************************
Ĭ.L	UNDERL	YING CONDITION LA	ST.	(C)			
ERTIFICATION							
1		II SIGNIFICANT CONDI					
ER		TO THE DEATH, BUT					
U	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	AL EVERDI	LAL CALISE WAS	1 21a PI /	ACE OF INJURY (e. g., in	a or 21c. WHERE DID (If in Baltimore City, give	exact location)
DIC	UNDERLYIN	NAL CAUSE WAS	about home,	farm, factory, street, office hidg., e	te.) INJURY OCCUR?		5/2
Ā		CAUSE OF DEATH. (Month) (Day) (Year)		Street		Low Streets	
	F INJURY			WHILE AT NOT WHILE		Tutti-Frutti i	ce cream
					bove, held an Inspec		
					Autopsy.	Inspection or Inquiry	
	and de	eath in my opinion	resulted f	rpsy, Inspection or I From: natural causes	'nquiry, find that said d	veceased area on the α	tay stated above, etermined \square .
		TURE //	1		238. CHIEF MEDICAL	EXAMINER 23c. E	
	Wille	ans south	4		D. MEDICAL INVESTIGAT	TOR	ober 6, 1950
	AA. BURIAL. (S	specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or o	county) (State)
-	Burial			Mt. Auburn		minder, Marylar	od podress
L	ATE RECEIVE	DAD 1 1	S SIGNATU	Minus M. #	25. RUNERAL DIRECTOR		
-	5 153	30 1	*		harles A al	gander 120	o mecantial
V	S 151 N	864.0	pro Malla	St. Authors (1).	1	Joc Bali	tomore, red. of

.5	0	8	-	0	0 0	3	5	

	BIRTH NO.	CERTIFICATI	E OF DEATH	registered .	110.
	1. NAME OF DECEASED (Type or Print) Roy Lester Hutche	rson		2. DATE OF Oct	ober 7, 1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (VA. STATE		f institution: residence
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION U.S. Marine Hospital, Balt	location)		outside corporate limi	its, write RURAL and give township)
	c. Length of stay in Baltimore unkr	Yrs, Mos.	D. STREET ADDRESS (If Rt.16, Box 66, Ri	rural, give location)	r Park
	5. SEX 6. COLOR OR RACE 7. SII	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr xx, 31901		Il Under 1 Year on the Days Hours Min.
-	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scoast Guard Retired	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME Ed Hutcherson		14. MOTHER'S MAIDEN N. Ada Nickels		
	15. WAS DECEASED EVER IN U. S. ARMED FORCI (Yee, no or nuknown) (If yee, give war nr deten nf servi yes unknown	es? 16. SOCIAL SECURITY NO. unknown	17. INFORMANT		ADDRESS Spital, Balto. Md
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	TLY 3, e. g., (A) Sfare	of DEATH tion Pulm	onary	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS	NG THE DUE TO	the left lu	Pena Car monition	2 Weeks
	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
	& none	None Pindings of OPER			YES NO
	= ZIA. ACCIDENT, SUICIDE, ZIB	. PLACE OF INJURY (e. g., in home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?	If in Baltimore City,	give exact location)
	SID. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?	
	22. I hereby certify that I attended deceased alive on 10,7,5019	the acceptant from	23/50 , 19 , to	10/7/50, 19_	_, that I last saw the
	John L. Wilson, med. Direct	r, clinical Diorec	38. ADDRESS tor U.S. Marine H	Mospital, Balt	23c. DATE SIGNED
	24A. BURIAL CREMA- TION. REMOVAL (Specify) BC 12-1950	Memorial Ca		of Petersley	ng tha.
	DATE RECEIVED BY REGISTRAR'S SIGN	NATURE AND AUT	25. FUNERAL DIRECTOR	truacos	1091-
	OCT - 91950	Williams Mais 5 95 91	,5118 Suy	m Ba	le ave:

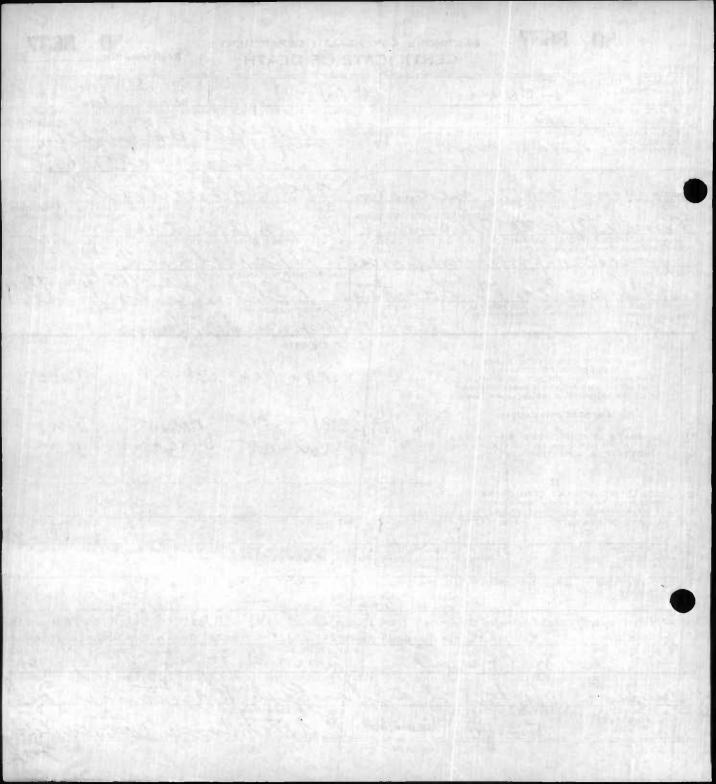


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 122 9 Q 6 (d DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. agnes 705 C -Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Davs SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doog during most of working life, even if retired) INDUSTRY WHAT COUNTRY SON OF TARM OWNE a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or anknown (If yes, give war or dates of service) 16. SOCIAL (Yes, no or anknown) SECURITY NO. N D 6 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, ctc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ü TD THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE 1912 to. 22. I hereby certify that I attended the deceased from_ . 19 o, that I last saw the 10 ... 1950. and that death occurred at 2 7 m. from the causes and on the date stated bove. deceased alive on 19/1 23A, SIGNATURE 23c. DATE SIGNED . BURIAL, CREMA-24A. 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) JURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS EGISTRAR

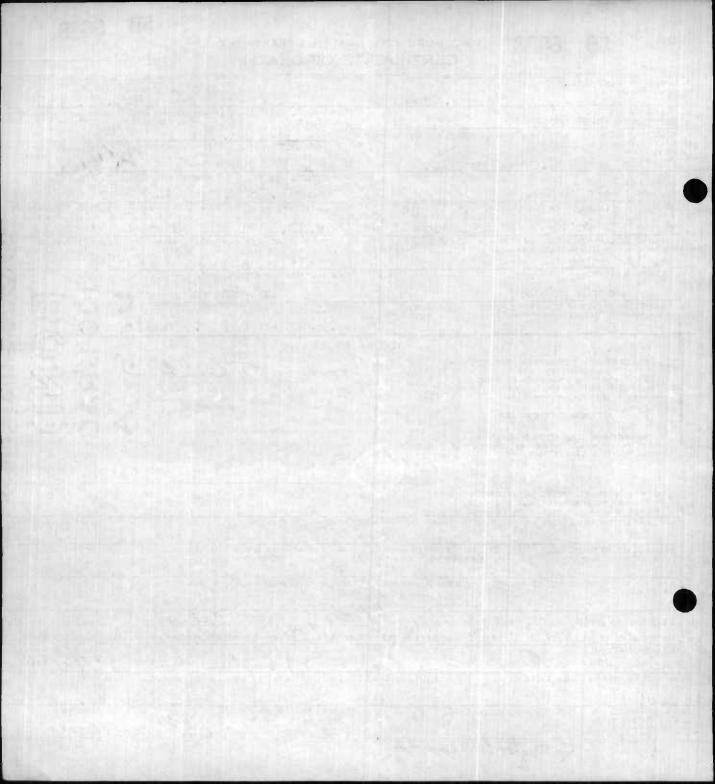


50 8637 BALTIMORE CITY HEALTH DEPARTMENT

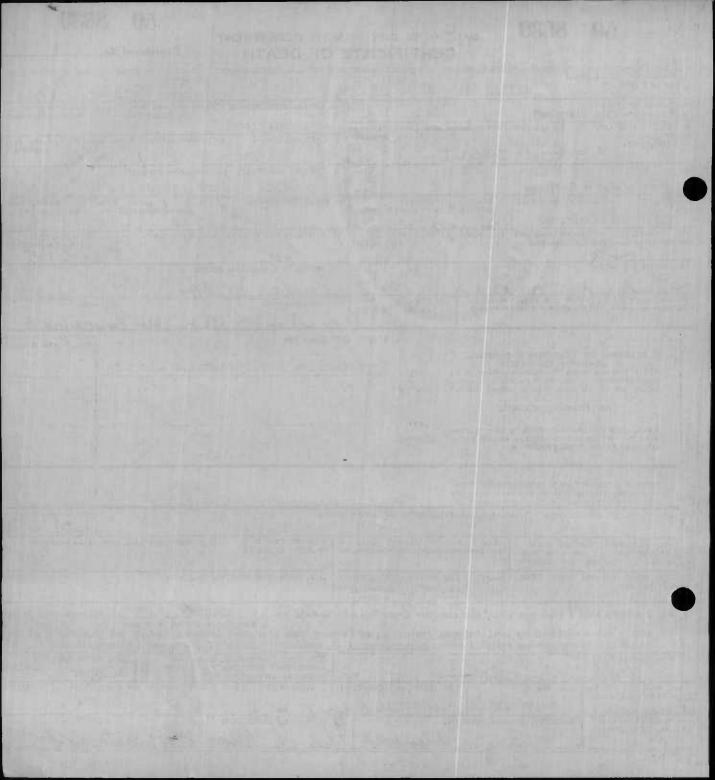
BIR	RTH NO.	RIFICATE	OF DEATH				
	NAME OF DECEASED E CANA	HA	INSON	OF DEATH	950		
	PLACE OF DEATH: Baltimore City, Maryland		A. USUAL RESIDENCE (W	here deceased lived. If insti	itution: residence before admission)		
HO	SPITAL OR De COR'S HOSpit	location	C. CITY OB TOWN JIE	outside corporate limits, wi	rije RURAL and give		
11.0			pade	more	6-08		
	Length of stay in Baltimore 10 Mal	Mos.	D. STREET ADDRESS (If)	ural, give position)	25		
5. 5	SEX 6. COLOR OR RACE 7. SINGLE, MA	RRIED, (Speciely)	B. DATE OF BIRTH	9. AGE (In year) If Under last birthday Months	I Year If Under 24 Hours		
1	male White may	exila_	Oct. 12, 1891	531	Days Hours Hill.		
	A. USUAL OCCUPATION (Give kind of 10%, KIND OF a	BUSINESS OR 1	11. BIRTHPLACE (State of fo	reign country) 12	CITIZEN OF		
13.	PATHER'S NAME	honde	14. MOTHER'S MAIDEN NA	ME THE	L.A.M.		
	Charles O. S.	nesta,	FOR	14:115/	frontley		
15. (Yes.		SOCIAL SECURITY NO.	ZINFORMANT	ADDR	RESS		
(100,	700	Jone 1	aymond (Hanson	1		
	18. 443X	CAUSE O	F DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION AST						
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WASGULAR DISEASE UNDERLYING CONDITION LAST.						
FICA							
RTIF	OTHER SIGNIFICANT CONDITIONS CON-	(C)		***************************************			
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
اد	19a. DATE OF OPERATION 19B. MAJOR FINE	DINGS OF OPERAT	TION		20. AUTOPSY?		
		F INJURY (e. g., in o	z 21c. WHERE DID (I	in Baltimore City, give	exact location)		
1EC	HOMICIDE (Specify) sbout home, farm, fac	ctory, street, office bldg., etc.	INJURY OCCUR?				
	OF INJURY	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?			
	m. WHILE WORK	AT WORK	115 (1)	1/1000			
	22. I hereby certify that I attended the decedeceased alive on 0 1. 8 1950, and						
-	23A. SIGNATURE	231	ADDRESS /	m 12	3c. DATE SIGNED		
	Melin n. Briler	M. D. 1	2030 W. 70		10/8/50		
710	A. BURIAL, CREMA- 24B. DATE 24C.I	NAME OF CEMETERY	1 - 1 Park 1 24b. Co	CATION (City, town, or o	county) (State)		
DA	TE RECEIVED BY REGISTRAR'S SIGNATURA	, ouds	SEUNERAL DIRECTOR	anno	DDRESS		
I O	84 REG 1950 tuntington Mil	LAMES MAN	astoriso	no Valo	usville		
		SALE SHIPMANT		. 0 .	1 mo		
11				093	a ma		



В	IRTH NO.			CERTIFICAT	E OF DEATH	H Registered	No		
	NAME OF D	ECEASED				2. DATE			
Anna M. Brown						DEATH OC			
	Baltimore (City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	lf institution: residence before admission)		
В.	FULL NAME		al or institut	ion, give street address or		Md.			
	OSPITAL OR			location)	c. CITY OR TOWN		nits write RURAL and give township)		
10	Δ-	839 S.Cor	nkling			imore	0-09		
				Yrs. Mos.		SS (If rural, give location)			
5	Length of s	tay in Baltimore	7 SINCL	Days E. MARRIED.	839 S.Conkling St.				
			WIDOW	VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (ln years if Under 1 Year last birthday) Months: Days Hours Mi				
-	emale	White CUPATION (Give kind of		owed	Nov.23,187				
WOL	k done during most	of working life, even if retired)	IOB, KINL	OF BUSINESS OR INDUSTRY	II. BIRIMPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
1.7	house				Baltimor				
1.5					14. MOTHER'S MAI				
1.5		acob Sauter			not	known			
(Ye	s, no or nuknown)	ED EVER IN U.S. ARMEI	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
_				Far Time Land Control	J.H.Brown	839 S.Conklin	g St.		
	18. 420).]		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION		60		-1 1.	11 day		
		s not mean the mode	of dying, e.		TTREE	Throubrein	Tarp.		
		re, asthenia, etc. It mes complication which			0		/		
		ANTECEDENT CAUS	SES						
Z									
F	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO								
CA	UNDERL	YING CONDITION LA	AST.						
F		н		(C)					
ERTIFICATION		SIGNIFICANT COND							
CE		G TO THE DEATH, BUT DISEASE OR CONDITION			**************************				
L	19A. DATE C	OF OPERATION OLI	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
EDICAL	01. 100.0		1 01- 51	105.05.00.00	Loss Willens D	D (If to Daking City	YES ND		
ā	HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,			, give exact location)		
ME			(17) [
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?			
			m.	WORK AT WORK					
	22. I hercb	y certify that I att	conded the	deceased from O	6 1 , 1950	from the causes and on	that I last saw the		
	deceased a	live on Oct. 5	, 19 <u>50</u> ,	and that death occur	rred at Pm.,	from the causes and on	the date stated above.		
	23A. SIGNA				3B. ADDRESS	1	23C. DATE SIGNED		
	1 Cm		mecons	M. D. 24c. NAME DF CEMETE	PY DE CREMATORY	24D. LOCATION (City, tow	n. or county) (State)		
TI	4A. BURIAL. ON. REMOVAL (S	1 / -	,	Z40. NAME OF CEMETE	DR CREMATORY	245. LOCATION (Oity, tow	(State)		
Burial 10/9/50 Oak Lawn DATE RECEIVED BY REGISTRAR'S SIGNATURE ()					25. FUNERAL DIRE	Baltimore	Nd . ADDRESS		
	OCAL REGIST		SIGNATU	2 0 0	11 BERRY	119/ 1639	ADDRESS		
H	- 9 1950		Win		wharence f	Wolfman Dis	newry		
	VS 150	"hunting"	or / YHU	action Miles		01			
		- min	, or 450 See 185	May medicalities why			0940		



BII	RTH NO.		CE	RTIFICAT	E OF DEATH	Registered N	Го
	NAME OF D ype or Print)		ILLIAM	NELSO	N	2. DATE OF DEATH OCTO	ber 4, 1950
Α.		e City, Maryland			4. USUAL RESIDENCE		
HC	FULL NAME OSPITAL OR STITUTION			ive street address or location)	c. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give township)
		Provident	Hospital	Yrs.	Baltimo		-05
7	Length of s	tay in Baltimore		Mos.		dison Avenue	
3.	sex Male	6. COLOR OR RACE		Days RRIED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hours nths Days Hours Min.
10/	A. USUAL OC	COLOTED CUPATION (Give kind of porking life, even if retired	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
15.		ED EVER IN U. S. ARME		SOCIAL SECURITY NO.	14. MOTHER'S MAIDE	Lebb-	DDRESS
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH Hypertensive cardiovascular disease (A) Hypertensive cardiovascular disease OUE TO						
RTIFICATION	(B)						
ERI	TRIBUTING	TO THE DEATH, BUT					
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					YES X NO	
EDICA	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH	about home, farm, fac	FINJURY (e. g., in tory, street, office bldg., e		(If in Baltimore City, g	ive exact location)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year) (Hour) 21E. I WHILE WORK		ED 21F. HOW DID INJ	JURY OCCUR?	
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry						
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased dicd on and death in my opinion resulted from: <u>natural causes</u> ⊠, accident □, suicide □, homicide □,					ide □, homicide □, u	ndctcrmined .
	23A. SIGNATURE MILIANITAN M			.D. MEDICAL INVESTI	GATOR 00	tober 4, 1950	
OLT L	A. BURIAL.	Specify) 10-9-	50 - m	A Quel	ions -	D. LOCATION (City, town,	
LO	TE RECEIVE	D BY REGISTRAR	twater NW	liance, Ma	JUNERAL DIRECT	Son 1303 Press	tmanet/
VS	151		- 0	754 6	4	09	321

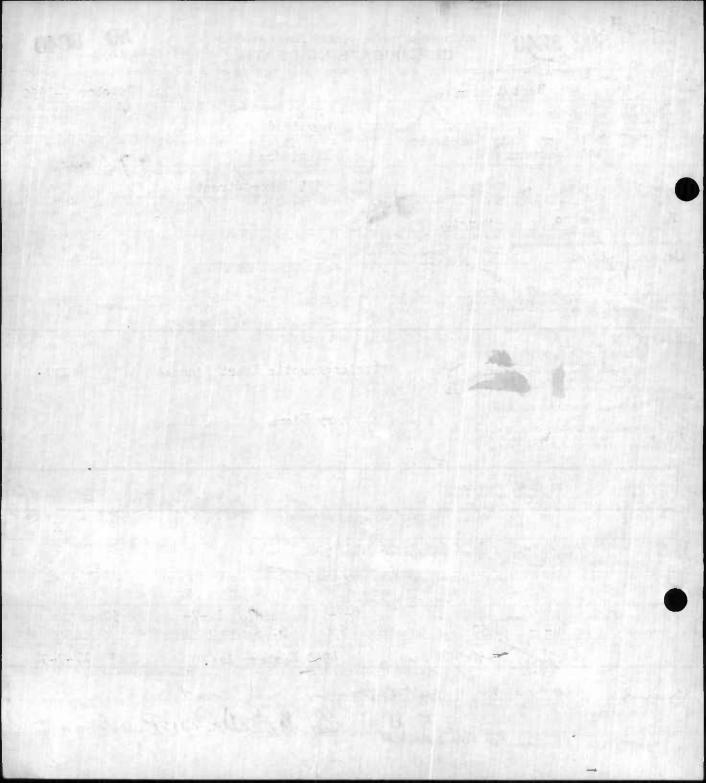


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

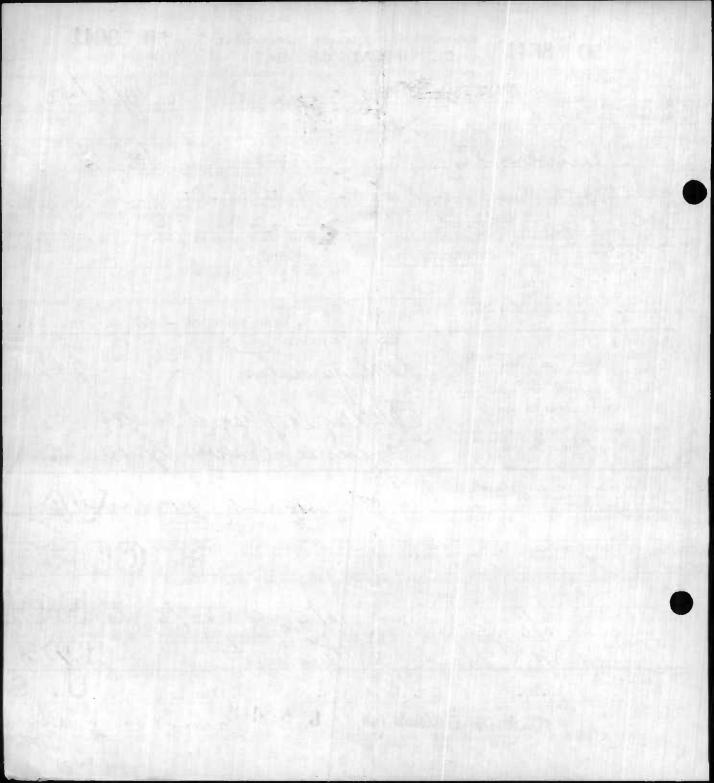
sistered No. 640

BIRTH NO.	- OI DEATH				
1. NAME OF DECEASED (Type or Print) Bert Alston	2. DATE OF October 7-1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) INSTITUTION 4940 Eastern Ave.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
Length of stay in Baltimore 37rs? Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 581 Baker Street				
Nale 6. COLOR OR RACE Negro 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (in years if Under I Year last birthday) 73? If Under I Year Mours Min.				
10A. USUAL OCCUPATION (Givekind of work done during prodof work ign life, even if retired) 2009 INDUSTRY	10.5.7				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	14. MOTHER'S MAIDEN NAME Unknown				
(Yes, no or unknown) (If Yes, give war or dates of service) SECURITY NO.	17. INFORMANTBaltimore City Hosophass Records: 4940 Eastern Ave.				
injury or complication which caused death.) DUE TO	osclerotic Heart Disease 4 yrs.				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about bome, farm, factory, atreet, office bidg., e	YES NO _				
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?				
deceased alive on 10-7-, 1950 and that death occur 23A. SIGNATURE	72- , 1947 to 10-7- , 19 50 that I last saw the red at 5.25., from the causes and on the date stated above 4940 Eastern Ave. 10-7-50				
24a. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 17 - 9 1930					



BALTIMORE CITY HEALTH DEPARTMENT 8644 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GRANT FRANKLIN RENNA OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased liver. If institution: residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 1206 W. North Ave. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. divorced Oct. 1, 1900 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
bricklayer INDUSTRY WHAT COUNTRY? construction Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip U. Renna Emma F; sher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. no Mrs. Mae Greenwood - 1206 W. North Ave. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND /DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CAI YES & 218. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! WORK 1950 to_ 22. I hereby certify that I attended the deceased from. . 1950, that I last saw the 16, 1950 and that death occurred at 15pm., from the causes and on the date stated glove. deceased alive on___ 23A. SUNATURE 23C. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 2 D. LOCATION (City, town, or county) Burial 10.10.50 St. John's Ellicott City, Md. Cem -25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS

LOCAL REGISTRAR



R-520

BALTIMORE CITY HEALTH DEPARTMENT

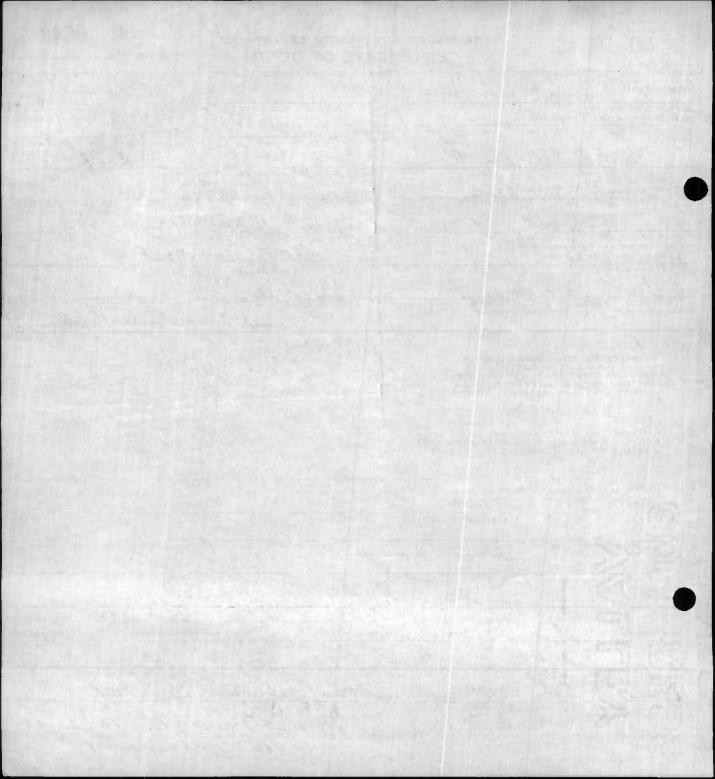
0046	CERTIFICAT	E OF DEATH	Registered No.			
I. NAME OF DECEASED / 1.1	1		2. DATE			
(Type or Print) Cellen A	yans			7,1950		
a. Baltimore City, Maryland	1	A. STATE	(Where deceased lived, If ins	stitution : residence before admission)		
B. FULL NAME OF (If not in hospital or institu	ition, give street address or location)		If outside corporate limits, v	urite RIIDAL and wine		
10STITUTION R24M. Dallus	11	Beltin	see 7-6	township)		
	Yrs.	O. STREET ADDRESS	If yoral, give location)	2.		
Length of stay in Baltimore	Typo. Mos. Days	824M. d	allast	7		
5. SEX 6. COLOR OR RACE 7. SING WIDO	LE. MARRIED. WED, DIVORCED (Specify)	Doe, 6 1901	9 AGE (In years 1 Uno 18 last birthday) Month	der 1 Year Under 24 Hours has Days Hours Min.		
TOTAL CONTRACTOR OF THE PARTY O	ID OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF		
Housewele	INDUSTRY	midwa	1 S. C.	WHAT COUNTRY		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	V		
James Stasle	uglose.	Hallie &	Tokee			
YS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	/ ADD	RESS O		
no		Unnie Na	19 que 829	1 M. Valles		
18. 4914.	CAUSE	OF DEATH	10	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTL	Y 1	1 .		-0.4		
LEADING TO DEATH (This does not mean the mode of dying, e		nchypaumma	¢	tologo		
heart failure, asthenia, etc. It means the disc injury or complication which caused dea				0		
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.						
Ē	(C)					
OTHER SIGNIFICANT CONDITIONS OF TRIBUTING TO THE OBATH, BUT NOT RELA						
U TO THE DISEASE OR CONDITION CAUSING				20. AUTOPSY?		
19A. DATE OF OPERATION 19B. MAJO	K FINDINGS OF OPER	(ATTON		YES NO		
U 214 ACCIDENT SUICIDE 218 P	LACE OF INJURY (e.g.,		(If in Baltimore City, giv			
Ш	e, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR? .			
OF INJURY m.	WHILE AT NOT WHILE					
22. I hereby certify that I attended th	4	/24 , 1950 to	10/ 4 1950	that I last saw the		
deceased alive on 1047, 1950	and that death occu	rred at 2 . 15 Pm., from				
23A. SIGNATURE		23B. ADDRESS		23c. DATE SIGNED		
selves of days	M.O.	822 N. Om	557	10/9/50		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	0 0	LOCATION (City, town, or	-		
Qual Vetio/50	my. Ca	Cracy Cens	1.4. Cour	ety Md		
DATE RECEIVED BY REGISTRAR'S SIGNAL	0 0	Supp N 80	16200	20		
15- 01050 15-12 to WU	CHA MA	Trong got	n. y. Eller	To Bruger		
101 -09 1300 1 mmm	No.	1127	9 n. Caule	Team		
The transfer of the same of th	grangenes . St			107		

5 8 5 m 3 3 1247. Justine de A CONTRACTOR OF THE PARTY OF TH La partie of the said Call thinks 4 4 million of a the same of with the second of the second of Mark the Committee of the same and have any or the state of

B-520

BALTIMORE CITY HEALTH DEPARTMENT

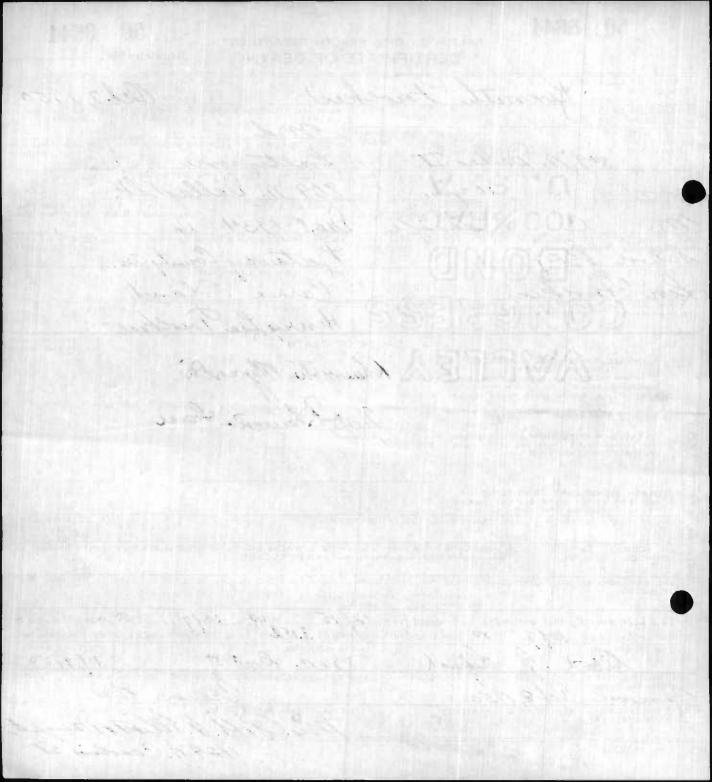
BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	As Bucks		2. DATE 18/h	- 4-1)
3. PLACE OF DEATH: A. Baltimore City, Maryland	1 C 1 Juni 1	4. USUAL RESIDENCE (W	here deceased lived. If ins	tilution: residence before admission)
B. FULL NAME OF (If not in hosy HOSPITAL OR INSTITUTION 2611 Shellow	oital or institution, give street address or location)	c. CITY OR TOWN OF	outside corporate limite;	write RURA (and give
Length of stayin Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (III	fine), give location)	W
5. SEX 6. COLOR OR RAC		San. 9 1875		der 1 Year hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind work days doring most of working life, even if retire	of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY
Peter & Whys	m	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U.S. ARM (Yee, oo or unkoowo) (If the, give war or de	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	3anh 2611	Spellman 8
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA	N DIRECTLY ATH e of dying, e. g., leans the disease, caused death.) DUE TD	nephrete.	27	INTERVAL BETWEEN DNSET AND DEATH
DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING CONDITION UNDERLYING TO THE DEATH, BUTTING TO THE DEATH TO	, IF ANY, GIVING A) STATING THE DUE TO LAST.			
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU TO THE DISEASE DR CONDITI	T NOT RELATED			
. 19A. DATE OF OPERATION . I	198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., ic about home, farm, fectory, street, office bldg., e		f in Baltimore City, give	e exact location)
Zid. TIME (Month) (Day) (Yes	m. WHILE AT NOT WHILE AT WORK	All the second s	OCCUR?	
22. I hereby certify that I a deceased alive on	7 /	2/ , 19 , to / rred at // In., from th	the causes and on the	that I last saw the date stated above.
23A. SIGNATURE	un R hitty M.D.	2134 W	14,14	23c. DATH SIGNED
TION REMOVAL (Specify) Oct.	1950 arbutusn	rem. Park as	hutus M	d
LOCAL REGISTRAR	R'S SIGNATURE	Mrs John	4. Elliott	Dugley
VS 188	THE THE PARTY OF T	112971	. Carrers	13/2



F-422 8644

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFIC	ATE	OF DEAT	H	Regist	ered No)	
	NAME OF DE	CEASED Jens	reth	Low	ek.	(0)	417	2. DATE OF DEATH	Och	17,	950
A.	PLACE OF DE Baltimore Ci FULL NAME C	ity, Maryland	al as institutio	on, give street add	A	. USUAL RESID	ENCE (WI	here deceased l B. COUI			residence e admission)
H	OSPITAL OR ISTITUTION	. (Pallus	loc	ation) C	CITY OR TOWN	mos	outside corpora	7		AL and give township)
		ay in Baltimore	107	mo,	Mos. Days	809 9.	Va	llad	St.		
0.	SEX .	6. COLOR OR RACE		MARRIED, DIVORCED (S	Specify) 8	DATE OF BIRTI	9.34	9. AGE (In y last birthd	ay) Mont	hs Days	It Under 24 Hours Hours Min.
worl	Chorle	UPATION (Give kind of working lifeseven if retired)		OF BUSINESS (OR III	Doctary	State or for	Country)	70	2 CITIZE WHAT	N OF COUNTRY
13	evi 7	Foreker			14	Carre	AIDEN NA	ME 3	1		/
18 (Ye	WAS DECEASED	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY	NO. 17	HEN W.	PC	Fred	ADI	DRESS	
ERTIFICATION	(This does heart failur injury or injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It mes complication which ANTECEDENT CAU OR CONDITIONS, E ABOVE CAUSE (A) ING CONDITION L II GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	TH of dying, e. g. ans the disease caused death. SES IF ANY, GIVIN: STATING TH AST. ITIONS CON NOT RELATE	(B)	11	Mole M	Myorn notice	Paul		ONSET	AND DEATH
AL	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERAT					ION				YES [NO NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location in the property of the proper						ocation)					
1	OF INJURY m. WHILE AT NOT WHILE AT WORK										
	deceased ali		tended the control of	deceased from- and that death	occurre 23B	d at 3.15 4 m ADDRESS	19, to 1. ., from th		d on the	date sto	est saw the ated above.
2. T!	4A. BURIAL, CI	REMA- 24B. DATE	1950			OR CREMATORY	1/1.	CATION (Cit	y, town, o		(State)
LOL	ATE RECEIVED	BY REGISTRAR	'S SIGNATUI	S-0 (1 2!	Mu. G		6. Elle		ADDRESS	gate
)(7 ve 9=195	tutival	F Millio	AND THE PARTY OF T			113	2971.	air	livis	\$

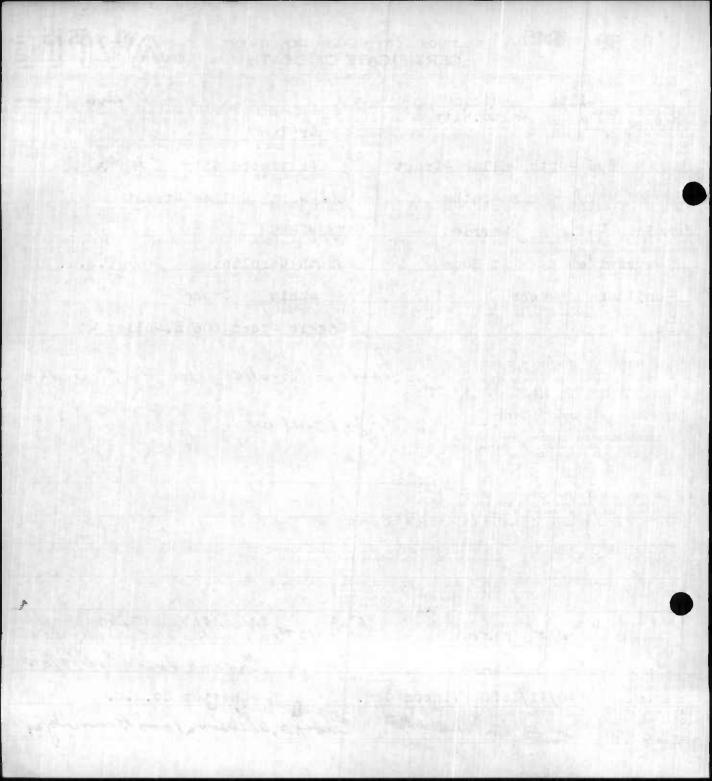


W-325

BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH Registered No.

50 8645

BIRTH NO.			CERTIFICAT	E OF DEAT		
1. NAME OF D (Type or Print)	ECEASED Lilia	Watki	ne		2. DATE OF DEATHIO/7/I	950
3. PLACE OF D. A. Baltimore C	EATH: Betty, Maryland	alto.C		A. STATE	ENCE (Where deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospita	al or instituti	ion, give street address or location)	c. CITY OR TOWN		
	606 North I	allas			ore City 7-0	township)
Length of st	tay in Baltimore	Man+	Yrs. Mos. Days		Dallas Street	
5. SEX	6. COLOR DR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		er I Year H Under 24 Hours s: Days Hours Min.
Female	CO1	Marri	OF BUSINESS OR	7/3/I889	5I	CITIZEN OF
	f working life, even If retired)	At Ho	INDUSTRY	South Car		WHAT COUNTRY?
13. FATHER'S N	IAME			14. MOTHER'S MA		
Benjim 15. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Annie 17. INFORMANT	Owens	RESS
(Yes, no or unknown)	(If yes, give wor or dates	of service)	SECURITY NO.	A STATE OF THE STA	own 606 N.Dallas	
18. 33	14.		CAUSE	OF DEATH		INTERVAL BETWEEN
(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of	TH of dying, e. g ns the diseas	e,	bar-Vaser	lan Accident	
	ANTECEDENT CAUS			- +		3
RISE TO T	S OR CONDITIONS, 1 HE ABDVE CAUSE (A) YING CONDITION LA	STATING TH		er tension	<u></u>	
E E	П		_(C)			
TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED .		· · · · · · · · · · · · · · · · · · ·	
19A. DATE O			FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDE HOMICIDE	INT, SUICIDE, (Specify)	21B. PLA	ACE OF INJURY (e. g., i	n or 21c, WHERE D		e exact location)
五 五 五						
OF INJURY	Month) (Day) (Year)		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
			deceased from 10			hat I last saw the
deccased al		, 1950	and that death occur	rred at /2 pm.	, from the causes and on the	date stated above.
1 2. P.	unto XI	rant	м. р.		Carroll ton	10/9/50
TION, REMOVAL (S Burial	pecify) IO/II/		Vincon Čem.	RY DR CREMATORY	Chester Co.S.C.	county) / (State)
DATE RECEIVED	D BY REGISTRAR			25 AUNE AL DIR		DDRESS,
ICT - 9 195	1 tenting	144 / 17	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	my o, a	2000	1-1
VS 150	100	- 1.7	- Salar Caral		0	83a



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	n		8646

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

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1361	OU	40

PIE	OTH NO	A STATE OF THE STA		CERTIFICATI	E OF DEATH	Registered No.	
	RTH NO.	FOEAGED					
	NAME OF D		rgaret	Gibson		2. DATE OF DEATH IO/3/	1950
	PLACE OF D Baltimore (EATH: City, Maryland	Balto.	City	4. USUAL RESIDENCE (\ A. STATE	Where deceased lived, If ins B. COUNTY	titution : residence before admission)
HO	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		f outside corporate limits, v	
0	0	I525 Eas	t Lomb	ard Street	Baltimore C		township)
D	Length of s	tay in Baltimore	7 Yr			mbard Street	
	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	
	emale	Col.	Wido		2/5/1874	76	9 9
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	London Co.	37	WHAT COUNTRY
13.	FATHER'S N		22 0	пощо	14. MOTHER'S MAIDEN N		.S.A.
	George	Phillip	8		Isabell	Lewis	
15. (Yes,	WAS DECEASE no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Ida Phillips		ress
	18 11 0 =			CALICE	OF DEATH		INTERVAL BETWEEN
	18. 42	SE OR CONDITION	DIRECTIV	CAUSE			ONSET AND DEATH
		LEADING TO DEA	TH	(rue	dis-Vonelas	- Deserre	1
	heart failu	not mean the mode or, asthenia, etc. It mea	ns the diseas	e,			
	injury or	complication which	eaused death	.) DUE TO			10-11-11-11
		ANTECEDENT CAU	SES				
ERTIFICATION	RISE TO 1	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	IG			
O							No. of Parts
F		11		(C)			
ER	TRIBUTING	SIGNIFICANT COND S TO THE DEATH, BUT	NOT RELATI	-D			
U.		OF OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
A		0					YES NO
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., s		If in Baltimore City, give	e exact location)
Σ.	21D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
0	OF INJURY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	-	1 11/0/4		0-3-,1957	hat I last saw the
				and that death, ochur	rred atm., from t	the eauses and on the	date stated above.
	23A. SIGNA	TURE	111	- /4/11	23B. ADDRESS		10 5 TO
24	A. BURIAL.	CREMA- 248 DATE		24C, NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	
TIO	n, removal (S urial	Specify)	950 M	It Calvery C	om	Brooklyn Md.	
DA	TE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTOR	O A	DDRESS
LO	CAL REGIST	1950	ti +	Williams M.	Elivy o, Wils	on 100 Be	and aux
	VS 150	1 8,0%		100000000000000000000000000000000000000		100	1
1			The property	THE PROPERTY OF STATE		073	

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BALTIMORE CITY HEALTH DEPARTMENT

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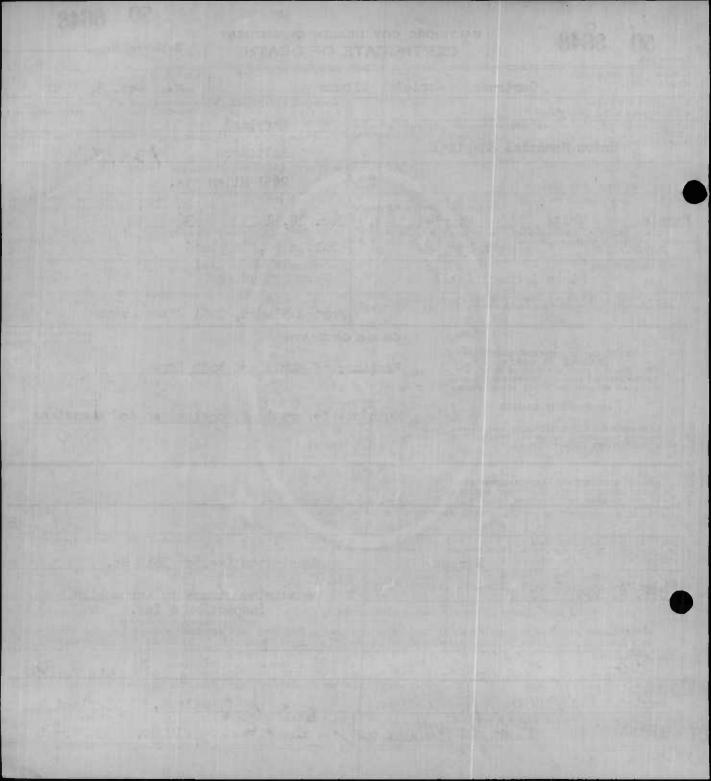
CERTIFICATE OF DEATH Registered No
1. NAME OF DECEASED WILHELM FRIEDRICH KRASKA 2. DATE
Wilhelm Krasta DEATH 10/6150
3. PLACE OF DEATH: A. Baltimore City, Maryland Cit
B. FULL NAME OF (If not in hospital or institution, give street address or Varyland
INSTITUTION (If outside corporate limits, write RURAL and gr
South Sattiture General Haspital Yrs. D. STREET ADDRESS (If rural, give location)
Mos.
. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Ho
Male White Single WIDOWED, DIVORCED (Specify) 916 1931 last birthday) Months Days Hours Mi
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Apprentice Shee Factory Baltimore Harvand
13 PATHER'S NAME
Frederick Kraska Olga Otto
15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL TO OF UNIDOWN) (If yes, no or unknown) (If yes, give wer or datas of service) 16. SOCIAL TO NO.
no rone Frederick W. Kraska (Father)
18. 201 K I CAUSE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.) DUE TO
ANTECEDENT CAUSES
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
UNDERLYING CONDITION LAST.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19a. DATE OF OPERATION . 198 MAJOR FINDINGS OF OPERATION
1 9/25/60 Tymph gland compalible c / valghine YES NO
4 9/08/00 Lymph gland compatible & Hadghine YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., 4c.) INJURY OCCUR? (If the Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY
m. WHILE AT NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from 9/18/50, 19, to 10/6/50, 19, that I last saw to
deceased alive on 101650, 19 and that death occurred at 2:53P. m., from the causes and on the date stated about
23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE
24A. BURIAL, CREMA- 24B. DATE 24F. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
TION, REMOVAL (Specify)
DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR Thurthe for Williams & BALTO., 13, MD. Sen, f Almeler
1141-94190
6144W 0442
0/4/

World Likely much in The state of the s

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

on on at

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Gertrude Marie Elburn Oct. 8, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2651 Miles Ave. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Female 36 White Married Dec. 10, 1913 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? own home Baltimore. Maryland housewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Piechnickle Dorothy Cooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Burton Elburn, 2651 Miles Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Fracture of skull and both legs heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (a) Multiple lacerations, contusions and abrasions RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CEI 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING TO OR CONTRIB-INJURY OCCUR? UTING CAUSE OF DEATH. Street Hunnington Ave. at 26th St 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE Oct. 8, Pedestrian struck by automobile 22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [suicide [], homicide [], undetermined []. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. 2 B. DATE 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) burial Meryland ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Wm Goot mc 1217 St. Paul Street Thurting for Williams, M.



B-165 8049

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8649

В	IRTH NO.			CERTIFICAT	E OF DEATH	-	Registered	No.	
1.	NAME OF D	DECEASED					2. DATE		
		JOSEPH A. B	ROWN				DEATH Oct	ober 6,	1950
Α.		City, Maryland			4. USUAL RESIDEN	NCE (Wh	ere deceased lived. B. COUNTY	If institution :	residence ore admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	tion, give street address or location)		(If or	itside corporate lir	nits, write RU	RAL and giv
	di i i i i i i i i i i i i i i i i i i	Union Memor	ial Hos	spital	Baltimore		12	- 02	township
1				Yrs.	D. STREET ADDRES	SS (If ru	ral, give location)		
	Length of s	stay in Baltimore	231.10	Mos. Days	3219 N. Ca	lvert	Street		
	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)	If Under I Year Months: Days	Hours Min
-	male	white		dowed	about 1874		76		
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	10B, KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or fore	ign country)	12. CITIZ WHAT	EN OF COUNTRY
	reti:		plumbe	er	Maryland				
13	B. FATHER'S	NAME			14. MOTHER'S MAIL	DEN NAM	E		
_		John Brown			Unknown				
(Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARME! (If yes, give war or date	o of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	no				Joe E. Brown	n 520	Arlington	n Avenue	
	18. F. 84	0.0		CAUSE	OF DEATH			INTER	VAL BETWEE
	DISEA	SE OR CONDITION	DIRECTLY					ONSET	AND DEAT
		LEADING TO DEA	TH		monoxide poi	soning	,		
	heart failt	ure, asthenia, etc. It mes complication which	ans the diseas	se,	······································		3	***************************************	***************************************
	mjary or			h.) DUE TO					
		ANTECEDENT CAUS	SES						
Z		S OR CONDITIONS, I					•••••••		
E	UNDERL	THE ABOVE CAUSE (A)	STATING T	HE DUE TO					
CA				(C)	***************************************		***************************************		
F		11				William .			
CERTIFICATION		SIGNIFICANT COND							
日		ISEASE OR CONDITION			ATION			100.4	LITODOVA
ы	19A. DATE C	OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION			YES (NO X
EDICAL	214 EXTER	NAL CAUSE WAS	1 21B. PL/	ACE OF INJURY (e.g., in	nr 21c. WHERE DIE	D (lf	in Baltimore City		
ă	UNDERLYIN	IG 🖾 OR CONTRIB-	about home,	farm, factory, street, office bldg., e	() INJURY OCCUR	7		1	1/2
ME		(Month) (Day) (Van	(Massa)	home	3219 N. C			1-	1
2	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI				•	
		ber 6, 1950 ?	m.	WORK AT WORK			rom coal		
	22. I certi	fy that I took char	ge of the	remains described a	bove, held an Inc	quiry	& Inspect	onthereon	and from
	the ev	idence obtained by	said Auto	psy, Inspection or I	nguiry, find that s	utopsy, Ins said dece	spection of Inquir	y the day ste	ated above
	and de	eath in my opinion	resulted ;	from: natural causes	, accident kak si	uicide [], homicide 🔲,	undetermi	ned [].
	23A. SIGNA	TURE /	-11		ASSISTANT MED			23c. DATE S	IGNED
	1/11	ham low	XVX		.D. MEDICAL INVES	STIGATOR	₹		1950
	AA. BURIAL. ON, REMOVAL (S	Specify		24c. NAME OF CEMETE	RY OR CREMATORY				(State)
	burial	10/10/5	0	Moreland Pa			timore,	Maryla	
	ATE RECEIVE		SSIGNATI		25 FUN PAL DIRE			ADDRESS	
	DOT - 9	1950 Tantani	ton / You	人名名以中,所为	Mm. Cook In	C.	1217 St. I	Paul Str	eet
v	S 151	1968.0	-	NAME OF TAXABLE PARTY.			15	180	/
	, 4	100.					- /		Y

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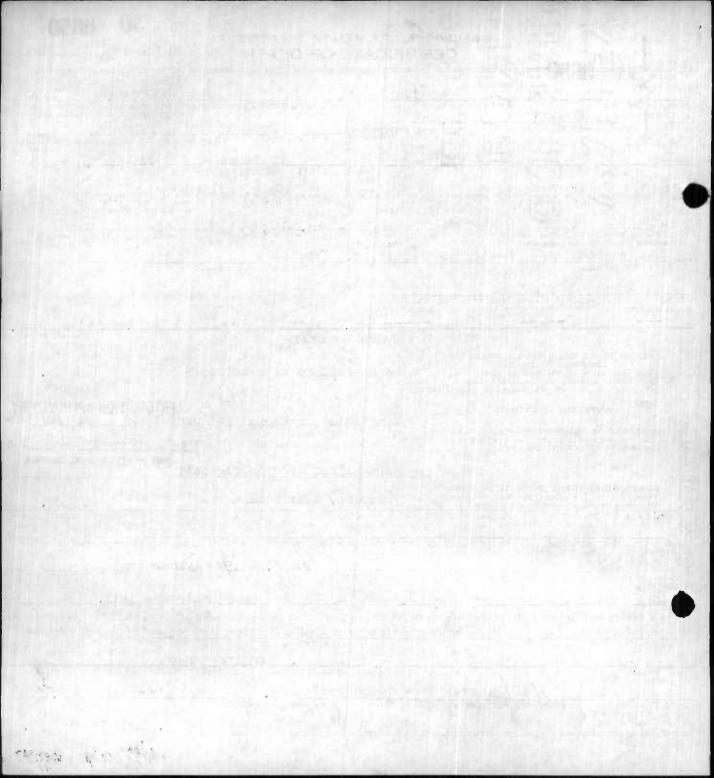
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	C	ERTIFICATI	E OF DEATH	Registered	No
I. NAME OF DECEASED (Type or Print)	Joseph	Phelan		2. DATE OF DEATH OCT	ober 6, 1950
a. Baltimore City, Maryland			4. USUAL RESIDENCE (
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution	n, give street address or location)	Maryland (I	f outside corporate lim	its, write RURAL and give
St. Joseph	n's Hosp	ital Yrs.	Paltimore	6-	0 2 township
Length of stay in Baltimore		65 yr. Mos.		1 ton Avenue	
SEX 6. COLOR OR RACE	WIDOWE	D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	fonths Days Hours Min.
Male White 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Widowe		11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
Retired 13. FATHER'S NAME	Balto		Ireland		WHAT COUNTRY
Nichael Phale	n		14. MOTHER'S MAIDEN N	NAME	
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no ur unknuwn) (If yes, give war ur dates	FORCES?	16. SOCIAL SECURITY NO.	Mary Duggan		ADDRESS
\$10 tim can \$100 tim can you gap			Helen Phalen	104 N.	Milton Ava
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complete the state of the open state of the	ns the disease, aused death.) ES FANY, GIVING STATING THE	оче то (в) General	Eailure with acid Lized visceral fa Lized arterioscle	CERTIFICATION OF AS	My A. Dentolen M. 1
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OFATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	Fractur	re, left femur	10313	16 da.
1 19A. DATE OF OPERATION 15		INDINGS OF OPER			20. AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) ACCIDENT 21b. TIME (Month) (Day) (Year) OF INJURY Lout Aut. 21, 1950 22. I hereby certify that I att deceased alive on 10/6/ 23a. SIGNATURE	about home, farm At Ho (Hour) 21 m. wh conded the de 1950, an	eceased from 8/ nd that death occur	101 N. Milto 21F. HOW DID INJUR Tripped on a 30/, 1950, to red at2:15PMn., from 38. ADDRESS	chair and fe 10/6/ , 19 the causes and on	give exact location) 5. Othat I last saw th
24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify) Burial 10/10	6/	M.D. C. NAME OF CEMETE New Cathe	1100 N. Caroline	LOCATION (City, tow	
DATE RECEIVED BY LOCAL REGISTRAR	FIGIG LANGE	A Marine Color	5. FUNERAL DIRECTOR	Baltimore	ADDRESS timore St.

VS 150 A 8240

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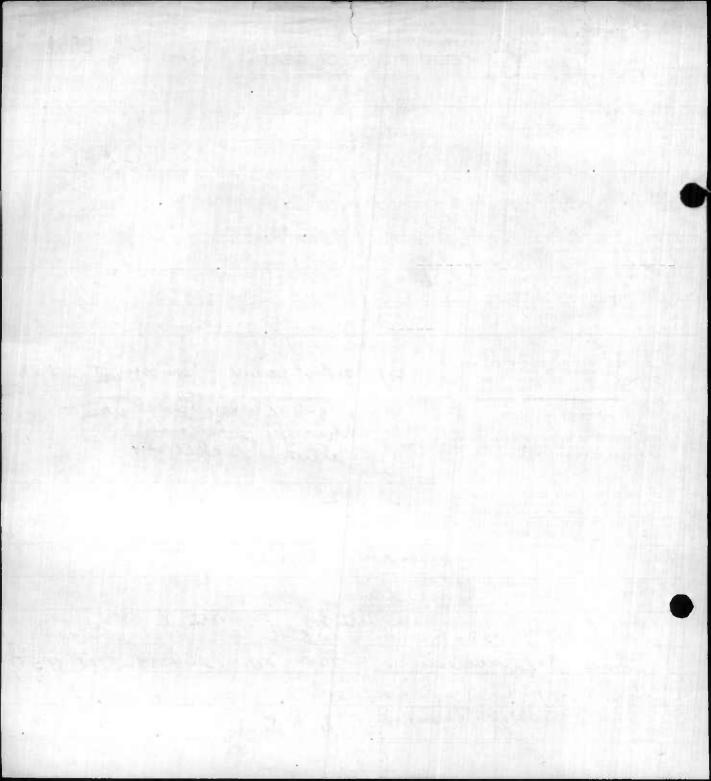


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8651 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF
3. PLACE OF DEATH: A. Baltimore City, Maryland	DEATH October 8 1950 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give
423 N. Luzerne Ave.	Baltimore 6-02 township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Life Mos. Days	193 N Tugonno Arro
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (11 years last birthday) Months Days Hours Min.
Female White Single	Sept. 15,1875 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and the last are but any one one one	Raltimore Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Florance Slattery	Anna Scanlan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO.	Eugene V. Slattery 3004 Rueckert Ave
	OF DEATH INTERVAL BETWEEN
(c)	aideal failen - Ehr. Injoinet Dept 73/ dis-Van culau Benal Platen - the fry paleins arterio - 1 Ellionis
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
<u> </u>	YES NO Z
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., In about home, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
	123, 1950, to COT 8, 1950, that I last saw the
deceased alive on Let 3, 1950, and that death occur	red at 800 m., from the causes and on the date stated above.
deceased alive on 22. I hereby certify that I attended the deceased from deceased alive on 22. 1950, and that death occur 23A. SIGNATURE.	38. ADDRESS 23C. DATE SIGNED
Louis !! Trumeen M.D.	72 × 10- 10 mood a del 9/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 10/11/50 New Cathedr	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
CT = 9 950 - 1	all H. Moran 3000 E. Baltimore St.
Vs 150	NEY 1-10



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50 8652

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE Oct. 8, 1950 1. NAME OF DECEASED Asa Kitzmiller (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) Yra. 4 Years Mos. 2120 E. Baltimore St. Length of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years H Under 1 Year last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. Male Aug. 15, 1900 Divorced 10A. USUAL OCCUPATION (Give kind of work done during mont of working life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF ANDUSTRY WHAT COUNT Maryland Lumberman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Kitzmiller Civilla Dodde 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, oo or onknown) (If yes, give war or dates of service) 16. SOCIAL Records- 1940 Eastern Avenue (Yes, oo or onknown) SECURITY NO 364X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Infectious Polyneuritis ll mos. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK March 17 . 1950, to Oct. 8 19 50 that I last saw the 22. I hereby certify that I attended the deceased from 19250, and that death occurred at 9:30 PM from the causes and on the date stated above. deceased alive on 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 10-9-50 BURIAL, CREMA-TION, REMOVAL (Specify 29 FUNDRAL DIREC DATE RECEIVED BY REGISTRAR'S SIGNA LOCAL REGISTRAR

1 vs 2000

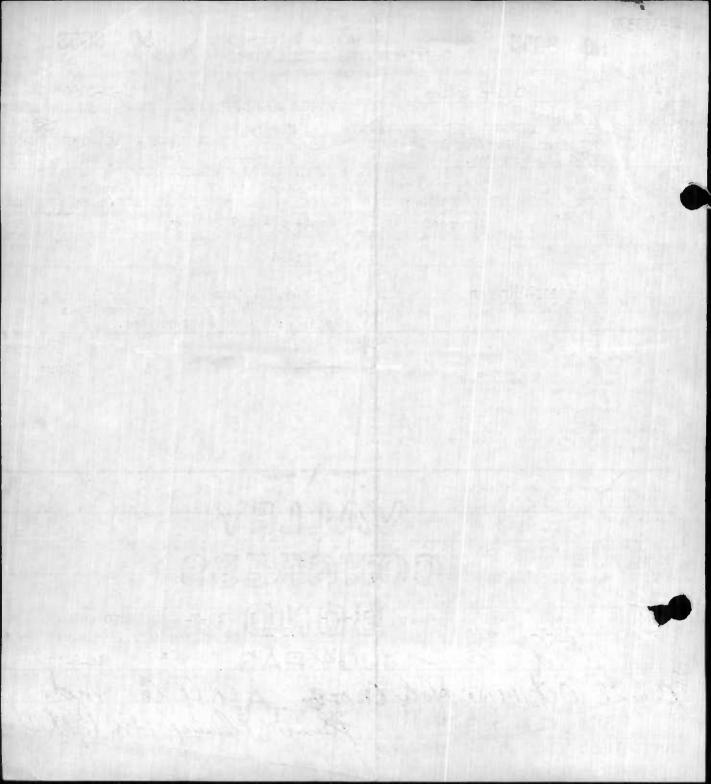
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

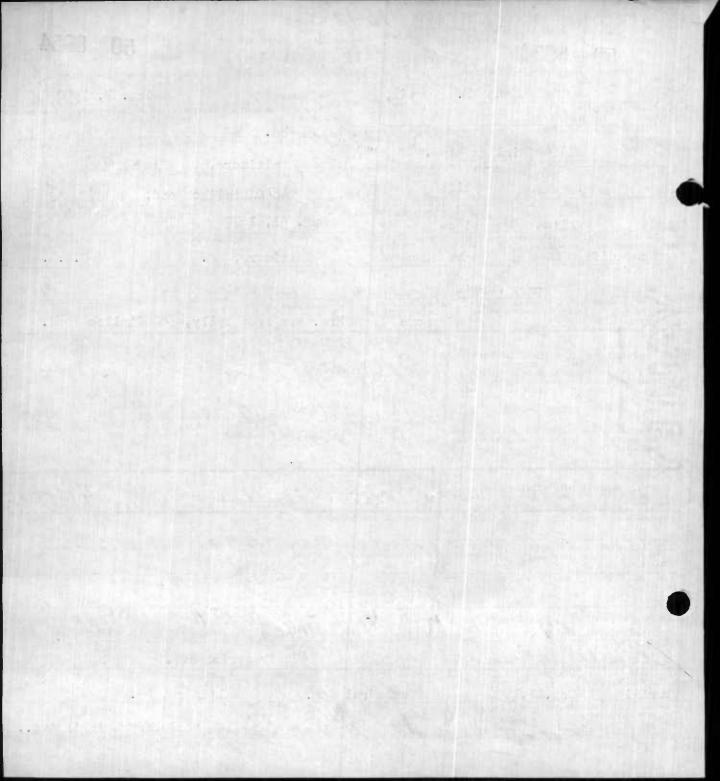
BIRTH N	0.					
1. NAME (Type or 1	OF DECEASED Print)	William V	Iroten		2. DATE OF DEATH 10-	-7-1950
A. Baltin	of DEATH: nore City, Maryl			4. USUAL RESIDENCE ()		f institution : residence before admission)
B. FULL	NAME OF (If not	in hospital or insti	tution, give street address or			
HOSPITA		ore City He	ospitals location)	C. CITY OR TOWN (I	outside corporate limi	ts, write RURAL and give
2/		astern Ave.		Baltimore	7 66	township)
	1/10 =0	ME OCTIL TO	Yrs.	D. STREET ADDRESS (If	purel give leastion)	(V
		Lif		II		
	h of stay in Balti	imore	Days	Baltimore City I	lospitals (no	omeless/
. SEX	6. COLOR o		GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year Il Under 24 Hours
Male	White	Div	owed, DIVORCED (Specify)	Sept- 27- 1899	51	onths Days Hours Min.
work done dur	AL OCCUPATION (Cing most of working life, eve	Give kind of 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
LA	BORER	60	O TURC	Maryland		WHAT COOKINT
13. FATH	ER'S NAME	1.00	13 0 0 01	14. MOTHER'S MAIDEN N	AME	1
	-				AME	
	Jos	eph Wroten		Linda Williams		
15. WAS D	ECEASED EVER IN U.	S. ARMED FORCES		17. INFORMANT Balti	more City He	ODRESS a
(1 es, no or us	oknown) (If yes, give	war or dates of service)	SECURITY NO.		Eastern Ave.	alunear?
	1 - 0 1				eastern ave.	
18. 5	21.1		CAUSE	OF DEATH		ONSET AND DEATH
1	DISEASE OR CON		.Y			Olloci Allo Delli
(Th	LEADING 7 his does not mean th	TO DEATH	Pulmor	nary Emphysema		20yrs
hea	rt failure, asthenia, et	tc. It means the dis		N	***************************************	
inju	ary or complication	which caused de	ath.) DUE TO			
	ANTECEDEN	IT CALLERS				
7	AITTEOLDEIT	0,0022				
O DIS	EASES OR CONDIT	TIONS, IF ANY, GI	(B)	***************************************	•••••••	
RIS	E TO THE ABOVE CA	USE (A) STATING	THE DUE TO			
A ON	DERLING CONDI	TION LAST.	(C)			
2						
RTIFICATION NO NO N	11					
	HER SIGNIFICANT					
	BUTING TO THE DEA					
. 19A. D	ATE OF OPERATIO		OR FINDINGS OF OPER	RATION		20. AUTOPSY7
4						
0		1 210 5	ACE OF INITIDY (If in Dalainan Oit	
LYING CAUS	ACCIDENT WAS UP G OR CONTRIBU SE OF DEATH		PLACE OF INJURY (e. g., i ne, farm, factory, at reet, office bldg.,		If in Baltimore City,	give exact location)
Σ 21p. T	IME (Month) (Day	y) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
OF IN	JURY		WHILE AT NOT WHILE			
		m.				
	harches contifes th	at I attended t	he deceased from 11-	17- 10/10 4- 7/	10.7	Q that I last saw the
.27	nercoy certify in	at I attended to	ne acceased from	1, 3 = 4	, 19	that I last saw the
aecea	sea alive on 111	, 19_51		rred at 4.15Am., from t		he date stated above
23A. S	SIGNATURE	1/1	1	Saltimore City Hos	mitale	23c. DATE SIGNED
	01.1	0 00	2022 M. D. 1	1940 Eastern Ave	priais	10-8-1950
		DATE (/		RY OR CREMATORY 24D. L	OCATION (City town	
TION DEM	OVAL (Sporify)	X	16/10) (1) (0	11.01
	ual M	1.11-1900	Holy r	opp. I.	4.60.	INO'
	ECICTOAD	ISTRAR'S SIGNA	JURE .	25 FUNERAL DIRECTOR		ADDRESS
TOOKL II	11	mte to		18 14	wich toland	(LIVA)
		W. W. W.	111	ryun 4 pou	my 17h	MALLY .
חמש	1509 1950	5. · · ·	mukula, Mati		Λ	
1001	3,000		9-	70 96	U	112.0
			marin 1			110,0



BALTIMORE CITY HEALTH DEPARTMENT

60	8654
Registered No	CHARA

E	IRTH NO.	50 8654		CERTIFICAT	E OF DEATH		Registered No	
1 ('	NAME OF D Type or Print)		nne F.	Ourtis,			ATE OF EATH Oct. 7	7, 1950
	. PLACE OF D . Baltimore	City, Maryland			4. USUAL RESIDEN	CE (Where de	eceased lived. If in B. COUNTY	stitution : residence before admission
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit 4640 Pi		ion, give street address or location) Road	Md. c. CITY OR TOWN Baltin		corporate limits,	write RURAL and giv
2		stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS	s (If fural, g	Road.	547
	SEX Cemale	6.COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) low	8. DATE OF BIRTH	9. AC	GE (in years II U	ths Days Hours Min
WO	House			of Business or INDUSTRY	11. BIRTHPLACE (Sta		ountry) 1	2. CITIZEN OF WHAT COUNTRY U.S.A.
1	3. FATHER'S				14. MOTHER'S MAID	EN NAME		
1	5 WAS DECEAS	Henry	Gurtis		Mary Wh	nalen		
(Y	no or unknown)	(If yee, give war or date	of service)	16. SOCIAL SECURITY NO. NONE	Mrs. Margare	t Tully,		co Road.
ICATION	(This does heart failt in jury or DISEASE:	SE OR CONDITION LEADING TO DEAT a not mean the mode of tre, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	FANY, GIVING THATTING THAT	CALLER (B) Card	i-Vascal	miles lu De	••••••••••••••••••••••••	2 years
CERTIFICA	TO THE O	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	I	es melle	tas	·	4/2ga
CAL	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
EDI	21A. ACCIE LYING OF	DENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., i arm, factory, street, office bldg.,			altimore City, giv	ve exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)		NOT WHILE AT WORK		NJURY OCCI	UR?	
P	22. I hereb	y certify that I att	ended the	deceased from 407	28 , 1960,	to 101 99		that I last saw th
	deceased a		1950		rred at 104066., for 23B. ADDRESS 3432 Fred			date stated above 23c. DATE SIGNED
2	4A. BURIAL.	CREMA- 24B. DATE			RY OR CREMATORY 2			r county) (State)
_	burial	Oct.11,1		Cathedra			re, Md.	
	ATE RECEIVE OCAL REGIST		S SIGNATU	5 0 0	25 FUNERAL DIRECT			eights Ave.,
-			Service / Vidad		177777	CETTURE.		

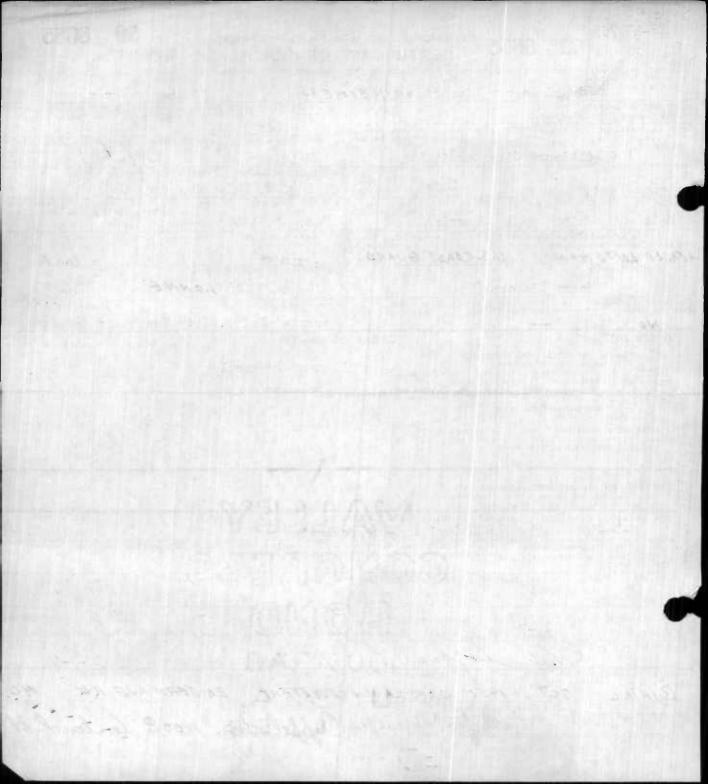


BALTIMORE CITY HEALTH DEPARTMENT

50 8655

BIRTH NO.	100 -00		CERTIFICATI	E OF DEATH	Registered No)
1. NAME O (Type or Pri	F DECEASED nt) Edward Geo:	rge Rie	mers or 12 E/	MERS	2. DATE OF DEATH 10-	7-50
3. PLACE O				4. USUAL RESIDENCE	Where deceased lived. If ir	
B. FULL NA	ME OF (If not in hospit	al or institut	ion, give street address or	Maryland	B. COUNTY	before admission)
HOSPITAL (N		location)	C. CITY OR TOWN (I	f outside corporate limits,	
41	Baltimore C	ity Hos	pitals	Baltimore	1-	6/ township)
21			Yrs. Mos.	D. STREET ADDRESS (If		
	of stay in Baltimore		Life Mos. Days		ood Avenue (24	.)
SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years HU	nder I Year If Under 24 Hours ths: Days Hours: Min.
Male	White	Mar:	ried	Dec. 26, 1900	49	
10A. USUAL work done during a	OCCUPATION (Give kind of most of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 1	2. CITIZEN OF WHAT COUNTRY
LEADER L	OFTSMAN		AST GUARD	Maryland		U.S.A.
13. FATHER				14. MOTHER'S MAIDEN N	AME	UNIT
	Henry Rieme			Joanna ? (D)	LONNE	
15. WAS DEC	EASED EVER IN U. S. ARMER	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS 4940
No		,	SECORITY NO.	Records* Balto.		
18.	12X.		CAUSE	OF DEATH		INTERVAL BETWEEN
DIS	EASE OR CONDITION					ONSET AND DEATH
(This	does not mean the mode of	f dying, e. g		lmonary Tuberculo	sis	7 Mos.
	failure, asthenia, etc. It mea or complication which o					
Z	ANTECEDENT CAUS	5.5	(B)			
DISEA	SES OR CONDITIONS, I	F ANY, GIVIN	IG	***************************************	***************************************	****
UNDE	RLYING CONDITION LA	ST.	(6)			
9			(0)		•••••••••••••	
DISEARISE TUNDE	R SIGNIFICANT CONDI	TIONS COL				
M TRIBU	TING TO THE DEATH, BUT	NOT RELATE	D			
	E OF OPERATION , 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	-24-50		avitary Tuber			YES NO T
21A. AC LYINGE	CIDENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, giv	
LYING CAUSE	OR CONTRIBUTING OF DEATH	about home, f	'arm, factory, street, office bldg., e	ic.) INJURY OCCUR?		
21D. TIM	E (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?	
OF INJU	RY		WHILE AT NOT WHILE			
	1 14 1	m.	WORK L. AT WORK L	5-3 19 50 to 1	0.7 50	
	reby certify that I att	ended the	account from	, 19 Jo, to 1	0-7, 1950,	that I last saw the
	d alive on 10-7	, 19		red at 7:35m. Ffrom t		23c. DATE SIGNED
234.010	S.S.	(109	en "	4940 Eastern A		10-7-50
24A. BURIA		1	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L		
R. P.		1950	OAK LAWN		ASTERN AUE	
DATE RECE	IVED BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
LOCAL CREG	1597950 A	15	= Williams was	No 12 Arpen	- 0	0 0 00
		1		CAPAU JOAP.	1800 E Lon	reason of,
VS 15	O chapen	A A IG	19 日本の	, , ,	I Washington	- /
			3 10 7	/	0	131- 1

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

RTH NO.						
(Type or Print) (ADDIE) ANNIE HAMLET	2. DATE OF DEATH October 8, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY hefore admission) Maryland					
Johns Hopkins Hospital	c. CITY OR TOWN (H outside corporate limits, write RURAL and give township) Baltimore township)					
Length of stay in Baltimore 1942 Yrs. Mos. Days SEX 6. COLOR OF RACE 7. SINGLE. MARRIED.	b. STREET ADDRESS (If rural, give location) 643 Sterling Street					
Female Colored WIDOWED DVORCHD (Specify)	8. DATE OF BIRTH 19. AGE (In years I Under I Year last birthday) Months Days Hours Min.					
10a, USUAL OCCUPATION (Givehind of ork done do in most of working lift, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Hamlet	Travels Haulet,					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or ucknown) (If yes, give var or dates of service) 16. SOCIAL SECURITY NO.	94 Frances Hancoll - Sterling At					
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)						
198. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.						
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED WHILE AT NOT WHILE NOT WHILE	ED 21F, HOW DID INJURY OCCUR?					
2. I certify that I took charge of the remains described a	bove, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry					
and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, \square , accident \square , suicide \square , homicide \square , undetermined \square .					
	236. CHIEF MEDICAL EXAMINER					
244 JURIAL, CREMA- 248, DATE 24C. NAME OF CEMETER 100, NEMOVAL (Specify) 10-10-50 Significant	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNETAY DIRECTOR LOCAL - 918-					
(18; 1sr 9 1950	Almid Hell are.					

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/ 1	0	98	57
Register	ed No.	279.0	7.5

	ATE OF DEATH Registered 1	No
RTH NO.		
(Type or Print) Linda See Hartland	2. DATE OF DEATH 10 -	9-50
3. PLACE OF DEATH: A. Baltimore City, Maryland University losses and B. FULL NAME OF (If not in hospital or institution, give street address)		institution ; residence before admission
HOSPITAL OR local	C. CITY OR TOWN (II outside corporate limit	ts, write RURAL and give township
University Hospital	rs. O. STREET ADDRESS (If rural, give location)	
I amountly of others in Dalling and	los. 319 South St.	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (SP	ecify) last birthday) Mo	if Under I Year If Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) NOW.	R 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Paul Hartlanb	Naomi Blouse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT A	DDRESS
DISEASE OR CONDITION DIRECTLY	Blenkemic Lenkemia	INTERVAL BETWEEN ONSET AND DEATH 4 Months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF O	PERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, officed		YES NO give exact location)

LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) | INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE!

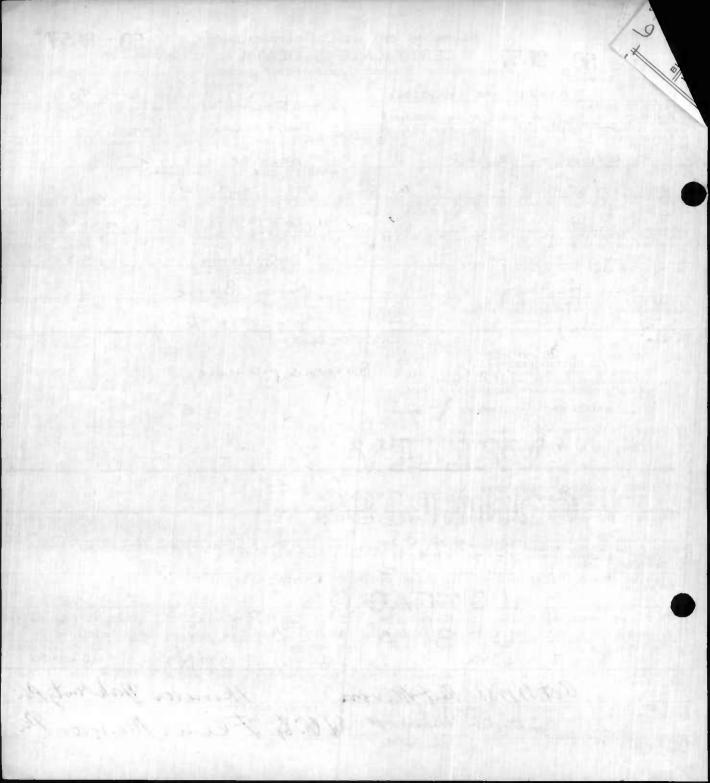
m. AT WORK WORK 903 19 50, to 10-3 10-9 22. I hereby certify that I attended the deceased from , 19 30, that I last saw the deceased alive on 10-9 19 50 and that death occurred at_ A.m., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 10-4-50 Universion lows pital

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE 24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

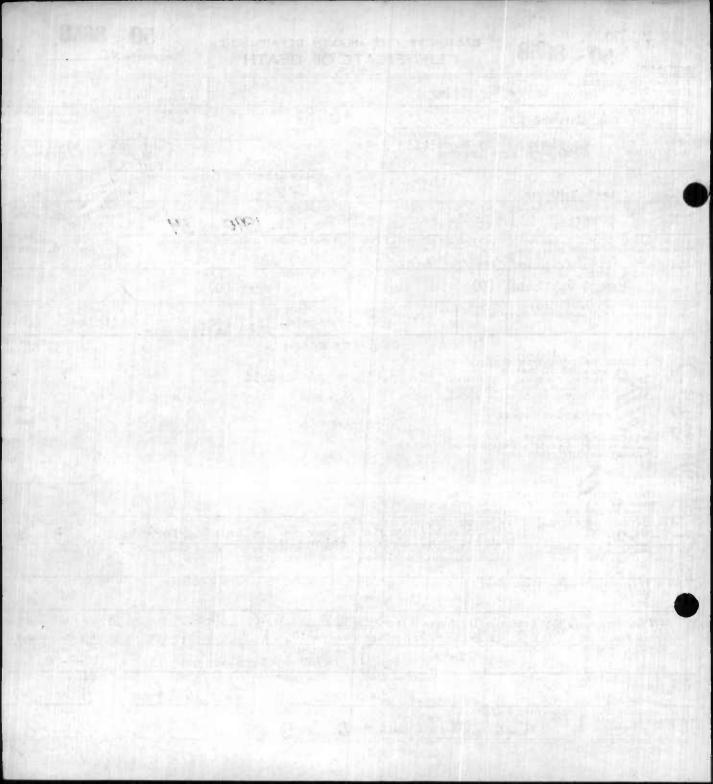
(State)



	LC 101870 BALTIMORE	CITY HE	EALTH DEPARTMENT	50	8858
	FO SCRN		E OF DEATH	Registered N	0
-	IRTH NO.	10/11	E OI DEATH		
	NAME OF DECEASED Harry Schilling			of Oct.	9, 1950
A.	Baltimore City, Maryland City Hospital	,	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If i	institution : residence before admission)
H	FULL NAME OF Baltimore City Rospitals ASTITUTION (If not in hospital or institution, give street Baltimore City Rospitals ASTITUTION (If not in hospital or institution, give street Baltimore City Rospitals	location)		outside corporate limits	s, write RURAL and give township)
9	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r	rural, give location)	5
-	Male White Separated Separated		8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.
worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINE k done during most of working life, even if retired) April Carries at Chip rope. 3. FATHER'S NAME	SS OR NDUSTRY	11. BIRTHPLACE (State or for Maryland 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY
	Howard Schilling (D)		Mary Henry (D)	7	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI		17. INFORMANT Records- Baltimor	e City Hospi	tals
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
Z	ANTECEDENT CAUSES (B) Carcinomatosis				
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-				
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				*******
1	6-24-50 198. MAJOR FINDINGS	OF OPER	RATION	manfamatina	20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) Carcinoma of Si 21B. PLACE OF INJU about home, farm, factory, stree	RY (e. g., in	iscovered to be a color of 218. WHERE DID (If	f in Baltimore City, g	YES NO NO vive exact location)
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	OCCURR NOT WHILE		OCCUR7	
	22. I hereby certify that I attended the deceased fr	om Jun	ne 7, 1946, to 0 rred at 3:45 AM, from th	ct. 9 , 1950 ne causes and on th) that I last saw the ee datc stated above
	23A. SIGNATURE Stylen	м. р.	4940 Eastern Av	enue	10-9-50
TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF BURIAL (Specify) Burial 24B. DATE 24C. NAME OF BURIAL (Specify)		nch Th	ite Hall.	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	us Mis	Sharles Director	The Ames	address ottoville

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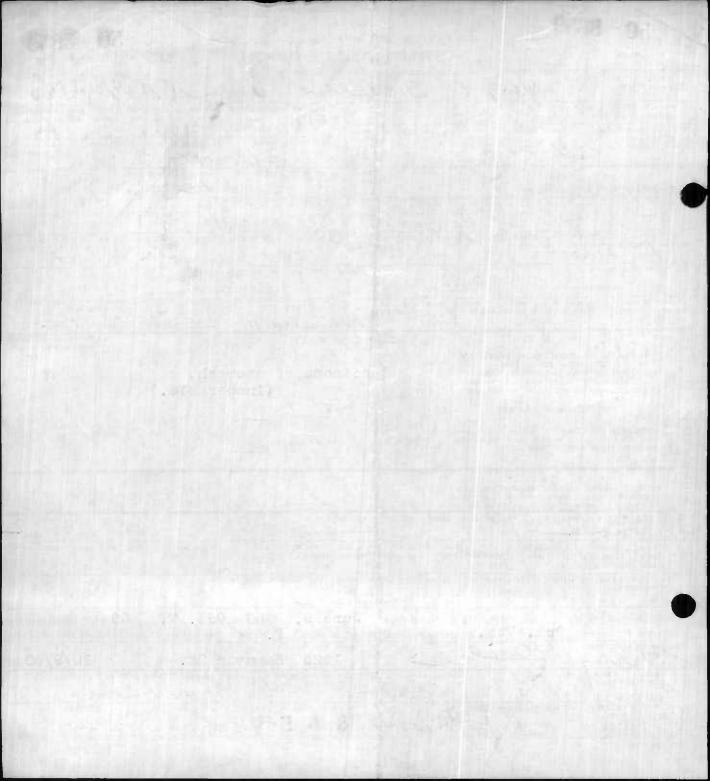


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	263	SCLO	
Registered	No	78-4. H	

В	IRTH NO.			OLIVIII TOAT	E OF BEATH		
(7	NAME OF DECE Type or Print)	MA	RY (? BIEDE	BACH	2. DATE. OF DEATH	10-7-50
	PLACE OF DEAT Baltimore City				4. USUAL RESIDENCE	(Where deceased lived	d. If institution : residence
	FULL NAME OF		al or institu	tion, give street address or		B. COUNTY	before admission)
H	OSPITAL OR			location		(If outside corporate l	imits, write RURAL and give
1	10 10	6 W. HE	ATH S	7	BALTIN	- 67	township)
				Yrs.	D. STREET ADDRESS ()
	Length of stay	in Baltimore		Mos. Days	106 W.	HEATH S	57.
	SEX 6.0	COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	I Under 1 Year If Under 24 Hours
	-	W		VED, DIVORCED (Specify) 4 RR(ED)	OCT 18, 187	last birthday)	Months Days Hours Min.
10	A. USUAL OCCUP	ATION (Give kind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
wor	k done during most of wor			INDUSTRY			WHAT COUNTRY
13	B. FATHER'S NAM				14. MOTHER'S MAIDEN	GINIA	U3A.
			1801	324			
15	. WAS DECEASED E	VER IN II S ADME			UNKR	OWN	
(Ye	e, no or unknown) (l	If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
-					WILLIAM H. 13	IEDEBACA /	106W HEATH ST.
	18. 151%	1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE C	OR CONDITION	DIRECTLY				Jan Maria
	(This does not	mean the mode of sthenia, etc. It mea	f dying, e.	g., (A) Carc	inoma of stome	ach.	?
	injury or com	plication which o	aused death	h.) DUE TO	(inope	erable.)	
	ANT	ECEDENT CAUS	ES				
z				(B)			
5	DISEASES OR	CONDITIONS, I	F ANY, GIVII STATING TE	NG HE DUE TO			
RTIFICATION	UNDERLYING	CONDITION LA	ST.	(C)			
H						***************************************	
E	OTHER SIGN	II IFICANT CONDI	TIONS CO.				
Ш	TRIBUTING TO	THE DEATH, BUT	NOT RELATI	ED			
O	19A. DATE OF O	PERATION - 11		FINDINGS OF OPER	PATION		1.00 1117070
AL	no		00,001.		TATION		20. AUTOPSY?
EDICA	21A. ACCIDENT			ACE OF INJURY (e. g., i		(If in Baltimore Cit	ty. give exact location)
	LYING OR CO	DNTRIBUTING	about home.	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME (Mon	th) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	BY OCCUP?	
F	OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE		W. Occow.	
			m.	WORK AT WORK			
	22. I hereby ce	rtify that I att	ended the	deceased fromJ	une 9, , 1950 to 1	Oct. 7, ,19	50, that I last saw the
	deceased alive	on_Oct.	7,th.	and that death occur	rred at 3 P.m., from	the causes and or	n the date stated above.
	234 SIGNATURE	[(0	oula	0 \ 2	23B. ADDRESS		23C. DATE SIGNED
2	TA BUBIAL CREW	7	7	M. D.	1226 Hanover		10/9/50
TIC	A. BURIAL, CREM ON REMOVAL (Specif	24B. DATE	100	11	RY OR CREMATORY 24D.	LOCATION (City, to	own, or county) (State)
	OURIAL	10/10/	50	CEDAR HI			SHWAY
	ATE RECEIVED BY		SIGNATI	RE CONTRACT	25. FUNERAL DIRECTOR	1	ADDRESS
	JCT 1 0 1950	1 think	unter!	Vollacers, Marie	& JOHNOT WEN	WY, /vc 7/3	5L1647-5730
	VS 150		0	*1 of \$ 145.45			1



BALTIMORE CITY HEALTH DEPARTMENT Registered No. OCC CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE John (Type or Print) JOSEPH KUCZBORSKI OF October 9, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN Johns Hopkins Hospital INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 619 Bond Street Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | N Under 1 Year | N Under 24 Hours last birthday) | Months Days | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Married 1894 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR HARRY C. INDUST TONTITUEN Moulder Weiskettle Co. Inc. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Poland Weiskettle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Kuczborski Rozalia ?? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of sorvice) 16. SOCIAL 17. INFORMANT ADDRESS 214-03-3174 Mrs. Bertha Kuczborski 619 S. Bond Street INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Epidural hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING M OR CONTRIB-UTING L CAUSE OF DEATH. ā 1708 Fleet Street Polish National Alliance 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY October 1950 10 P. Fell down stairs 22. I certify that I took charge of the remains described above, held an __ Autonsv thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23c. DATE SIGNED 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER

Burial Oct 12,1950 St. St.
DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

| St.Stanislaus

M.D.

Baltimore, Md.

MEDICAL INVESTIGATOR

24C. NAME OF CEMETERY OF CREATERY (24D. LOCATION (City, town, or county)

ASSISTANT MEDICAL EXAMINER

ADDRESS

10-9-50

LOCAL REGISTRAR

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

integrate MALIANTA NOT

186a

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF rances DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland Z103 Cold Spring 448

B. FULL NAME OF (If not in hospital or institution, five street address or location) A. STATE B. COUNTY before admission) HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Bar W. Convalexant Home Yrs. D. STREET ADDRESS. (If rural, give location) Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (In year) If Under 1 Year 7. SINGLE, MARRIED If Under 24 Hours WIDOWED DIVORCED (Specify last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTR 104504 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chedia U LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION (19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE

22. I hereby certify that I attended the deceased from Z

deceased alive on 70-5-10, 1950, and that death occurred at 23A. SIGNATURE

81 g 81 1

m., from the causes and on the date stated above.

10-10-51

ADDRESS

23c. DATE SIGNED

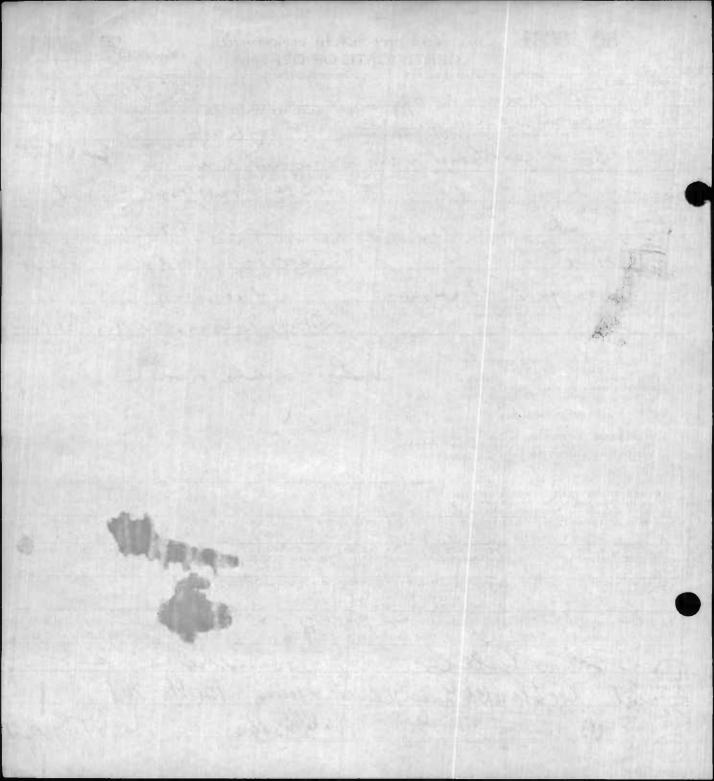
, 19 So that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Divis DATE RECEIVED BY

of the same of the same

1950 to

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 SEF2

В	RTH NO.			CERTIFICATI	E OF DEATH	aregistered.	110
r)	NAME OF Di ype or Print)	Arthur P.	Riple	4	The state of the s	2. DATE OF DEATH Oct.	7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE ()	Where deceased lived, In B. COUNTY	f institution : residence before admission
8.	FULL NAME		al or institut	ion, give street address or	Maryland	E	Baltimore
	SPITAL OR	Union	Memori.	al Hospital	c, CITY OR TOWN (II	outside corporate limi	its, write RURAL and giv township
_	11/4		· · · · · ·	7			***************************************
	Langth of st	tay in Baltimore		Yrs. Mos.	b. STREET ADDRESS (If 6 Edgecliff		5300
20	SEX	6. COLOR OR RACE	7. SINGL	Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year It Under 24 Hour
N	ale	White		MED, DIVORCED (Specify)	July 22, 1905	last birthday) M	onths Days Hours Min
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
	st. Plan	(working life, even if retired)	Fishe:	r Bedy Plant	Mass.		WHAT COUNTRY USA
	. FATHER'S N				14. MOTHER'S MAIDEN N	AME	1
	Laber	rten Ripley			Mery C.	Stacks	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
	No	Nene		373-10-6539	Mrs. Gladys M. R	ipley, Tewse	n, Md.
NO	(This does heart failu injury or	EE OR CONDITION LEADING TO DEA not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, 1 HE ABOVE CAUSE (A)	TH of dying, e., ns the disease aused death SES	E., (A)	Mary Occhusion	1	ONSET AND DEAT
ERTIFICATION	UNDERLY	ING CONDITION LA	ST.	(c) Genera	alized Arteriosch	eyos/s	
R	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED			
U				FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or UNDERLYING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or UNDERLYING CAUSE OF DEATH.) 21C. WHERE DID (If in Baltimore City, give exact low INJURY OCCUR?) (If in Baltimore City, give exact low INJURY OCCUR?)							
Σ	OF INJURY	Month) (Day) (Year)		2 IE. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
	the evic	dence obtained by ath in my opinion	said Auto	rom: natural causes	bove, held an Autopsy, nquiry, find that said do accident accided 238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER	
24 TIC	Burial	REMA- 24B. DATE pecify) Oct. 11.		24c. NAME OF CEMETER	RY OR CREMATORY 24D. L		, or county) (State)
	ATE RECEIVED	BY REGISTRAR	SIGNAT		John Burns' Son		ADDRESS
V	S 151		1	Total I	Δ.	, , , , , , ,	
l A	0 1)1		793	29030		0	94aV

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) CHARLES Н. ARMENTROUT DEATH October 6. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Union Memorial Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore 1518 Cox Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Jan. 8, 1893 male white divorced 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Virginia carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 217-07-7742 Lucille Clagett 713 W. 36th Street ves lst W.W. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar pneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED NOT WHILE WHILE AT WORK autopsy 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident |, suicide |, homicide |, undetermined |. 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ..

51024

Villians, Mos

Baltimore National

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

25. UNERAL DIRECTOR

Frederick

Paul E. Chenowith, Jr. 3615-17

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

burial

V S 151

10-10-50

REGISTRAR'S SIGNATURE

108.0

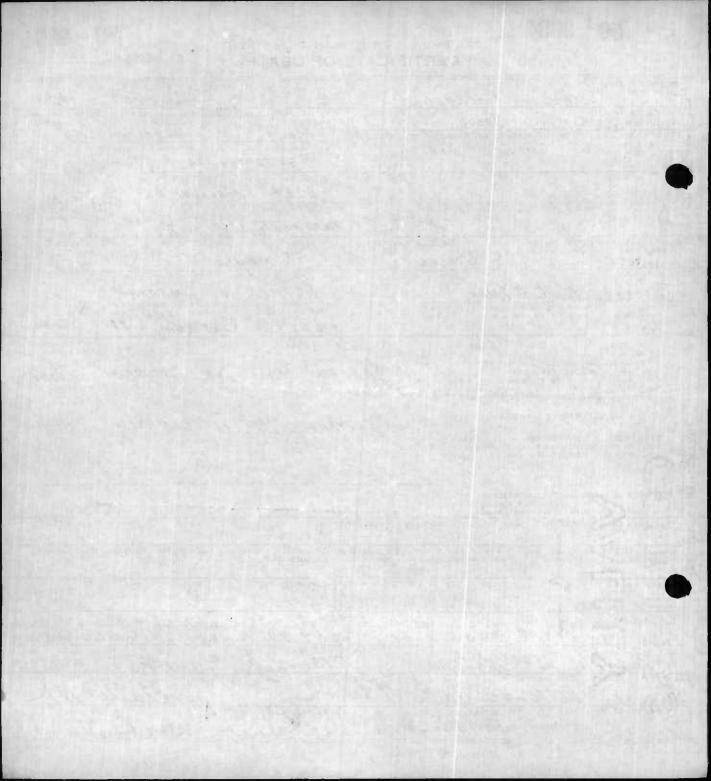
ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

Registered	No_	

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	DECEASED	0			2. DATE	7-17-10-
	Type or Print)	1 SAAC	CHEN	NAK			9,1950
	Baltimore	City, Maryland	BALTO		4. USUAL RESIDENCE (V	Where deceased lived, If inst B. COUNTY	itution: residence before admission)
	FULL NAME			ion, give street address or	MD.	BALTO.	
HOSPITAL OR 3704 FAIRVIEW AVE. location)				AUE.		outside corporate limits, w	rite RURAL and give township)
1			The state of	4-5 Yrs.	D. STREET ADDRESS (If		20
	Langth of a	stav in Baltimore		Mos.	3704 FAIR		
-	SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years II Under	i 1 Year If Under 24 Nours
	M	W	WIDOW	ED, DIVORCED (Specify)	MARCH 15, 1869	last birthday) Months	Days Hours Min.
1 C	A. USUAL OC k done during most	CUPATION (Give kind of working life, even if retired	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
	GROC		41	ROCERIES	KUMANIA		USA
13	FATHER'S		· ·		14. MOTHER'S MAIDEN N		
		RE N. CH			ESTHER V	. CHERNAK	
(Ye	s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or dat	ED FORCES? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	(SON) ADDE	5 GRANADA A
_	No				SIDNEY CI	HERNAK 37	O GRANAJA M
	18. 3 2	3/X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0-0	EBRO- VASCULA	According	
	(This doe	s not mean the mode ure, asthenia, etc. It me	of dying, e. s		EBRO- VASCULA	K MENT	& WEEKS
		complication which					
		ANTECEDENT CAU	SES	Pro	2000 40-50	1	
ZO	DISEASE	S OR CONDITIONS,	IE ANY CIVIA	(6)	FORAL ARTER	10SCLENOSIS	
	RISE TO	THE ABOVE CAUSE (A) STATING TH				
CAT	ONDERL	TING CONDITION E	-A31.				
F		II		_(C)			
ERTI		SIGNIFICANT CONE					
C	TO THE I	DISEASE OR CONDITIO	N CAUSING I	т		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
S	21A. ACCID	ENT. SUICIDE,	218. PLA	CE OF INJURY (e. g., in	n or 21c. WHERE DID (If in Baltimore City, give	exact location)
MEDICAL	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			,
Ĩ	D. TIME	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I herel	by certify that I at	tended the	deceased from SE	FPT. 27, 1950 to	OCT 9, 19 50t	hat I last saw the
	deceased a	live on OCT. 8	19 50		red at 9:30 Am., from t		
	23A. SIGNA	TURE	1 -	4 . 2	5334 Libert	1. 14. Ha 2	3c. DATE SIGNED
	1144		Rail		3 534 Teller	a righter	oct. 9,1950
Z TI	4A. BURIAL.	CREMA- 248. DATE Specify)	1	249 NAME OF CEMEN	TY OR CHEMATORY 240	OCATION (City town, or	State)
4	Juria		-10	THERE I PE	cor	Daly	ma
	ATE RECEIVE	TO A D	S SIGNATI	BE IN E	ES. FUNERAL DIRECTOR	KAL	DORESS
1	T 1 0 19	50	valor //	manus 11/2	HOCK News M	e 2100 Ou	your 126
-	VS 150		-	., 12 mile /			0.63
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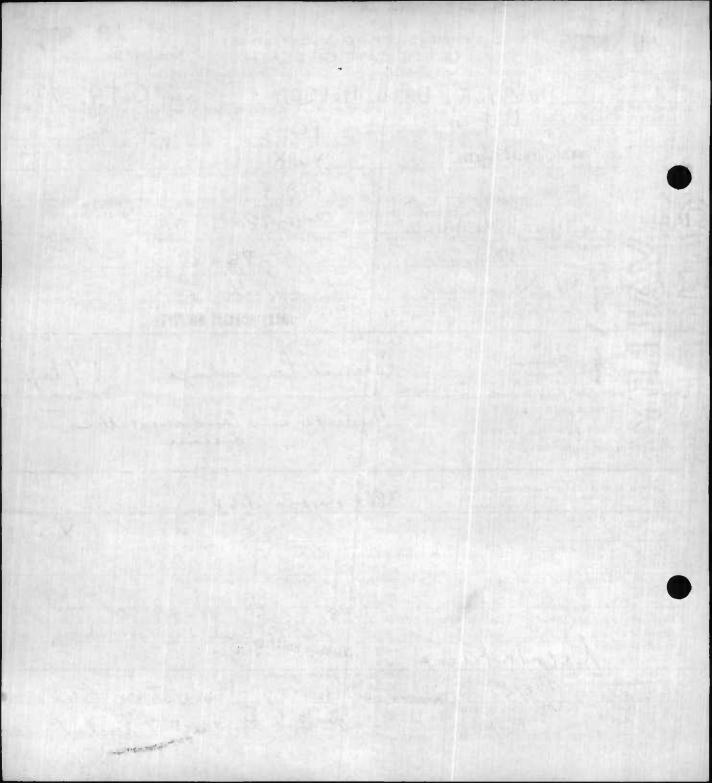
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED DUNNICK. DR. J. 1	YELSON 2. DATE OCT 9 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland M69 3.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION WILL NAME OF (If not in hospital or institution, give street address or location)	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	K. D. 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCED (Specify) MALE White MIRRIED	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Clisateth Leit
(Yes, oo or woknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS TOPKIES HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.	of DEATH Not Remarkage Tays. Dentemarkage Landia Vascular Landia Vasc
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., of CAUSE OF DEATH	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 10	
22. I hereby certify that I attended the deceased from deceased alive on 9, 1959, and that death occur 23A. SIGNATURE	The from the causes and on the date stated above 23c. DATE SIGNED
M. D.	RY ON ORDMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR OF THE PROPERTY OF THE	25 FUNERAL DIRECTOR ADDRESS
VS 150	00-1

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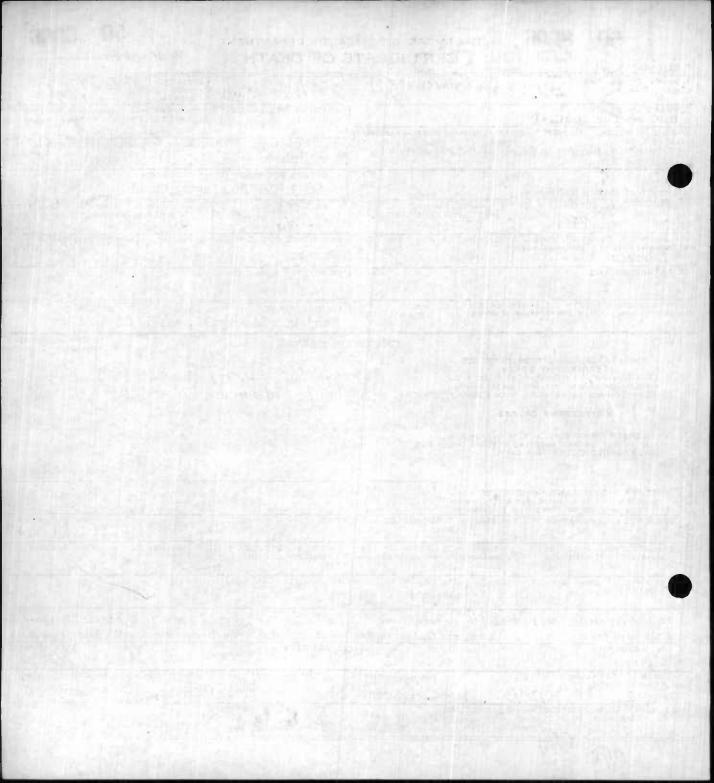
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No-CERTIFICATE OF DEATH BIRTH NO. Karkiewicz 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY héfore admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Elkridge D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6623 Old Washington Road c. Length of stay in Baltimore Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year if Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Oct. 24. 1876 single male 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Russia Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Benjamin Lenczycki, 6623 Old Washington Rd 304X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby certify that I attended the deceased from Sept 27 , 1950, to of oher 9, 19 50 that I last saw the deceased alive on CT+627, 1950, and that death occurred at 610 4 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 20306 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore. Maryland burial St. Peters DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 1217 St. Paul Street VS 150

97099

162a



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution, residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give IONES ROPKIES HOSPITAL C. CITY OR TOWN INSTITUTION of rural give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED If Under 1 Year If Under 24 Hours AGE (in years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kied of 108, KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MECH ENGINEER COMB, COPA SURFACE BALTIMORE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war (Yes, no or uokoowo) SECURITY NO DHRS ROPKIRS BOSPITH WORLD WAR YES -16-1098 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING

CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) INJURY

WHILE AT NOT WHILE

WORK

AT WORK

. 195P, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on_ 19 St. and that death occurred at - 1m., from the causes and on the date stated above. 23B ADDE 23c. DATE SIGNED

234 SIGNATURE 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY

10-8-50

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burias

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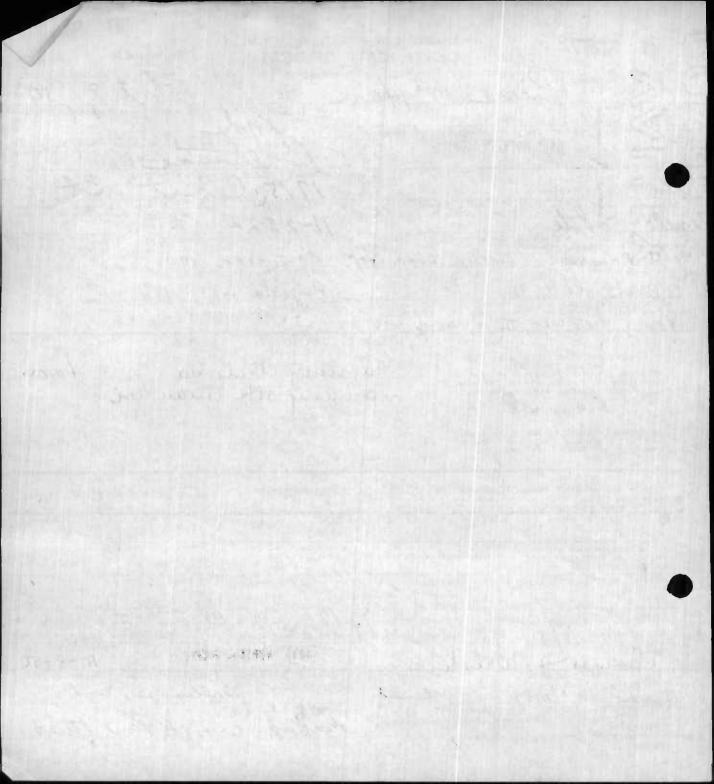
24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

10/11/5 REGISTRAR'S SIGNATURE "

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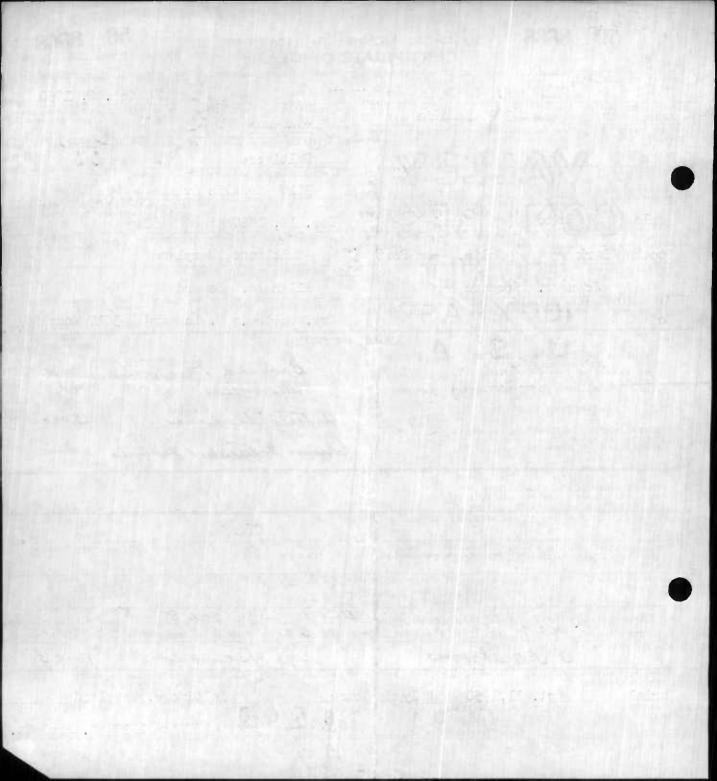


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Peristered No.	

BIRTH NO.			CERTIFICATI	E OF DEATH	registere		
1. NAME OF (Type or Print	1	X. LEC	NARD		2. DATE OF DEATH	Oct. 8, 1950	
	DEATH: City, Maryland E OF (If not in hospital		salie Avenue	4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived B. COUNTY	l. If institution : residence	
HOSPITAL OF INSTITUTION	R		location)		f outside corporate li	imits, write RURAL and giv township	
	stay in Baltimore		62 Yrs. Mos. Days	o. street address (I)	
5. SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED. DIVORCED (Specify) .Tried	B. DATE OF BIRTH Dec. 14, 1887	9. AGE (in years last birthday)	Months Days Hours Min	
Stock	occupation (Give kind of oct of working life, even if retired) Clerk		OF BUSINESS OR INDUSTRY News Post	11. BIRTHPLACE (State or Baltimore,		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S	John J. L		WEEK!	Ellen A. S			
(Yes, an or unknow NO	ASED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Gertrude M	. Leonard	ADDRESS 3017 Rosalie	
DISEAS RISE TO UNDER UNDER	pes not mean the mode of ilure, asthenia, etc. It mean or complication which complication which complication which complication which complication c	ns the disease aused death ES FANY, GIVIN STATING THEST.	(B)(C)(C)	Broncas Vrarme arterio see Chroice Interis			
TO THE	DISEASE OR CONDITION OF OPERATION				20. AUTOPSY?		
LYING	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, affice bldg., etc.) 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
F INJUR	(Month) (Day) (Year)		21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?		
22. I here deceased 23A. SIGN	FED	8 £	and that death occur	red at 6 a m., from 3B. ADDRESS 2878 Stage	the causes and or	that I last saw the the date stated above	
24A. BURIAL, TION, REMOVAL BURIAL DATE RECOR LOCAL RESIS	(Specify) Oct. 1	1,1950	Holy Redeer	RY OR CREMATORY 24D. L	OCATION (City, to		
VS 150		regat =349	390	6 M		1311	

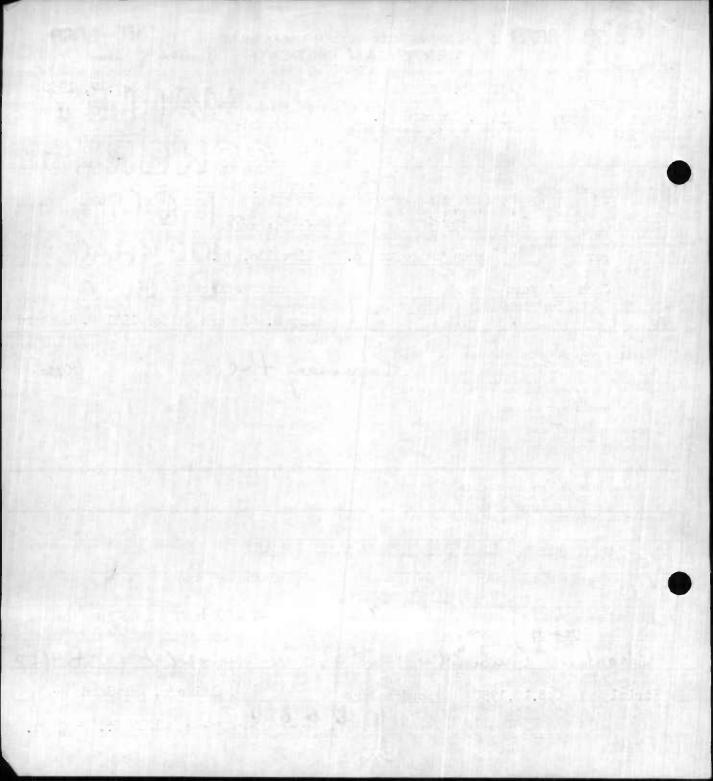


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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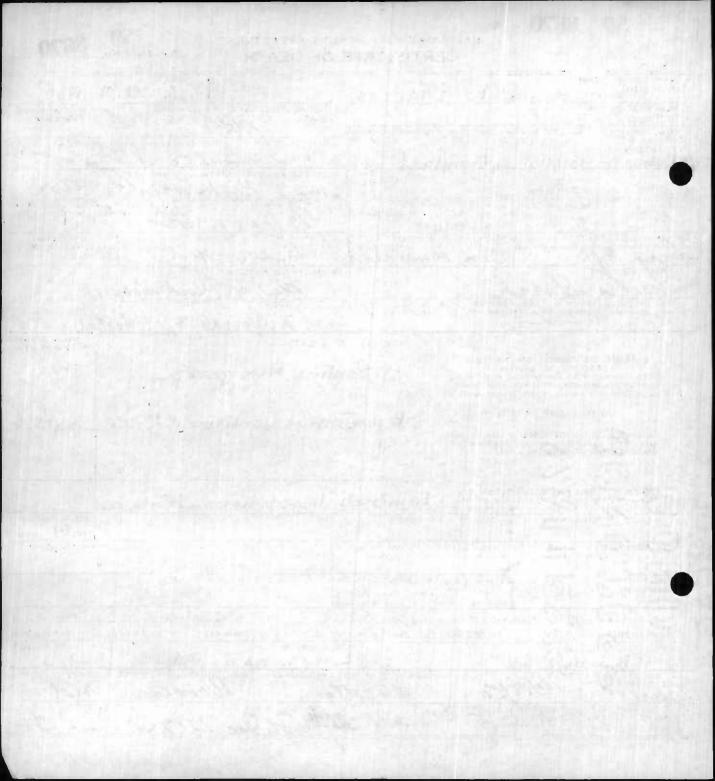
FRANK D. SIMMERS	2. DATE. OF Oct.	7, 1950		
in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived. If instruction: residence before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
ДО Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	D. STREET ADDRESS (If rural, give location)		
WIDOWED, DIVORCED (Specify Married	March 2, 1879 last hirthday) Month	der I Year H Under 24 Hours hs: Days Hours Min.		
if retired) INDUSTR	Linville, Va.	WHAT COUNTRY?		
	Sarah Pifer			
security No.	Mary E. Simmers (wife) 1131	W. Lombard		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
N 198. MAJOR FINDINGS OF OPE		20. AUTOPSY? YES NO		
(Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK At I attended the deceased from An Andrew 1950. and that death occur ATTENDED ATTENDED ATTENDED LOUDON PAR	1947, to 0 ct 7, 1957, to 0 ct 1957, to	county) (State)		
	in hospital or institution, give street address of location AO Yrs. Mos. Mos. B RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Married INDUSTR' Henry Danowitz Co IMMERS S. ARMED FORCES? For or dates of service) INDUSTR' Henry Danowitz Co CAUSE OLITION DIRECTLY O DEATH O E mode of dying, e. g., c. It means the disease, which caused death.) TO CAUSES TONS, IF ANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS CONDITIONS CON- IMMERS INDUSTR' (B) CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY, GIVING USE (A) STATING THE DUE TO CONDITIONS CON- IMMERS INDUSTRIANY (B) WHILE AT WORK AT WOR	and 1131 W. Lombard St. in hospital or institution, give street address or location) location loc		



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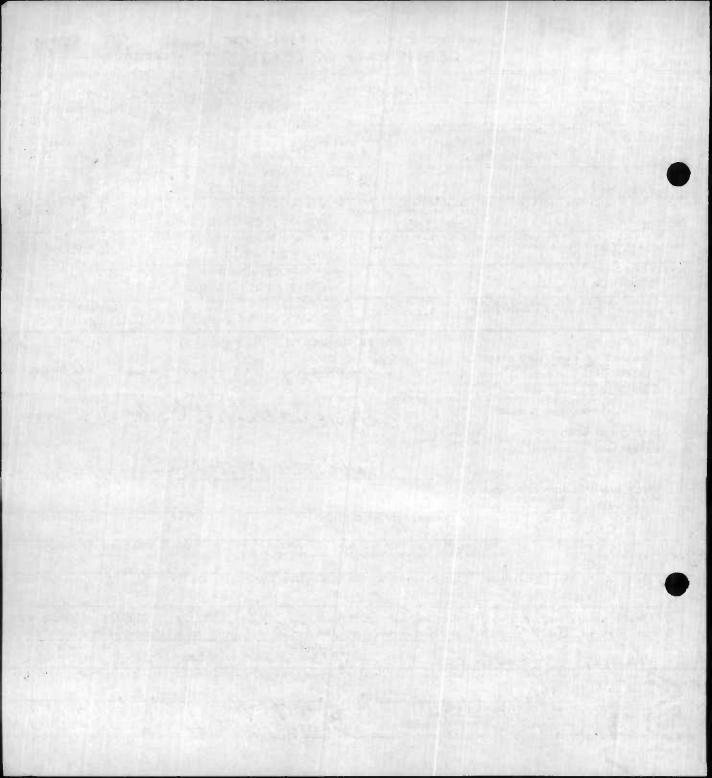
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

н	BIRTH NO.			CERTIFICAT	E OF DEATH	registereu	110.	
	1. NAME OF				1	2. DATE		
Н	(Type or Print	FREDERIC	KT.	STREEKS		DEATH OC	9,1950	
	3. PLACE OF	DEATH:			4. USUAL RESIDENCE (W	here deceased lived, I		
	B. FULL NAM	City, Maryland E OF (If not in hospi	tal or institut	ion, give street address or	. VIA	B. COUNTY	before admission)	
П	HOSPITAL OF	?		location)		outside corporate limi	ts, write RURAL and give	
	Luther		ex Ma	two 1 ye	Ba	eto 15	township)	
			10	Yrs.	D. STREET ADDRESS (If	rural, give location)	1 0	
	c. Length of	stay in Baltimore		Mos. Days	3627 Pari	Krigh	to aux	
ľ	5. SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED,	B. DATE OF BIRTH	9. AGE (In sears	If Under 1 Year If Under 24 Hours onths: Days Hours Min.	
1	ed	M		VED, DIVORCED (Specify)	18/1887	62	onens Days Hours Min.	
	JOA. USUAL C	CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
4	andy	H - h	Own	BUOINSTRY		md.	WHAT COUNTRY	
	13. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	1	
	Chart	20 - Str49.	Kn		mary (Harknow	1720)	
	15. WAS DECEA	SED EVER IN U. S. ARME		16. SOCIAL	17. INFORMANT		ADDRESS	
	(Yes, me or unknow	n) (If yes, give war or dat	or service)	SECURITY NO.	End & Struck	1 3712 86	sholm Rd	
	1 ,	124		CAUSE	OF DEATH	3 0/12 41	INTERVAL BETWEEN	
			DIRECTIV	CAUSE	OF BEATH		ONSET AND DEATH	
		OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) R. Ponting Hemorrhage 3 hrs						
	heart fa	ilure, asthenia, etc. It me	ans the diseas	50,		111004		
	injury	or complication which	caused death	h.) DUE TO			no maile	
	7	ANTECEDENT CAUSES (B) Hypertensive Cardiovane. Disease 2457						
		SES OR CONDITIONS,		NG				
	UNDER	THE ABOVE CAUSE (A		HE DUE TO				
	2							
	OTHER OTHER	11						
		SIGNIFICANT CONE		N. Artoninso	UnoTic condious	and Disin	00	
		OF OPERATION		FINDINGS OF OPER		3101131310	20. AUTOPSY?	
	A I	Y	75b. 111/2011	THOMAS OF SEE	TATION .		YES NO	
	U ZIA ACCI	DENT. SUICIDE,		ACE OF INJURY (e. g.,		f in Baltimore City,		
	HOMICIDE	E (Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	F INJUR	Υ		WHILE AT NOT WHILE				
	22.7.1	.1	m.		- 0-	Claber 0 105	0.17.17.1.1.1.1	
4				and that death occu			A that I last saw the the date stated above	
	23A. SIGN				238. ADDRESS		1 23c. DATE SIGNED	
	MI	trough h	5	M. D.	Luthnan Hosp.	md.	1019150	
0	24A. BURIAL TICH REMOVAL	CREMA- 240 DATE	,	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)	
	Buri	0 1 11	1/50	4/000	dlawn U	loodlawn	ned	
	DATE RECEIV	ED BY REGISTRAR	SIGNATI	U居用/105% - 4/150	25. FUNERAL DIRECTOR		ADDRESS	
	LOCAL REGIS	1950 Men	wayer	LAMORATOR INCOME.	85-601 Juc.	12175	Tank I	
	VS 150	1 6154		H 16.96 .		/	,	
				2904		0	93d	
					The second second second second		(



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SINTEL NO.					
. NAME OF DECEASE Type or Print)	MINI	FRED D. BOSWEL	L	2. DATE OF DEATH OCT	. 7, 1950
B. PLACE OF DEATH: A. Baltimore City, Ma	aryland f not in hospital or institut	ion give street address or	4. USUAL RESIDENCE (\) A. STATE		
HOSPITAL OR	Frederick Ave.	location	c. CITY OR TOWN (III) Baltimore	outside corporate limits,	write RURAL and give township)
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
. Length of stay in I		Mos. Days	5112 Frederic		
5. SEX 6. COLO	OR OR RACE 7. SINGLE WIDOW	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years 1 last birthday) Mon	ths: Days Hours: Min.
	hite r	married	June 30, 1880	70	
OA. USUAL OCCUPATION OF COMMENT O	ON (Give kind of 10s. KINE fe, even if retired) At	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Pennsylvania	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Samuel L. D	illinger		Kate Hutchins	on	
(es. no or unknown) (If yes,	IN U. S. ARMED FORCES? , give war or dates of service)	16. SOCIAL NOTIO	17. INFORMANT Mr. Edward T.		DRESS Frederick Av
(This does not men heart failure, asther injury or complies ANTECE DISEASES OR CO RISE TO THE ABOV UNDERLYING CO OTHER SIGNIFIC TRIBUTING TO THE	11 CANT CONDITIONS CO E DEATH, BUT NOT RELAT	(A)	wery thro isio Salerots Letes Mee	e. Yun	5 2 mon. 20 years
19a. DATE OF OPER	ATION 198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT. SUI HOMICIDE (Speci	fy) 21B. PL/about home,	ACE OF INJURY (e. g., in farm, factory, street, office hidg., a	2 or 21c. WHERE DID (INJURY OCCUR?	If in Baltimore City, gi	1
D. TIME (Month)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
22. I hereby certif deccased alive on_ 23A. SIGNATURE	fy that Lattended the Oct 7, 1950.	and that death occur	red at 8.35Am., from to	the causes and on the	that I last saw the date stated above.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	10/11/50	M. O. 24C. NAME OF CEMETE Woodlawn	RY OR CREMATORY 24D. L	OCATION (City, town, o	or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATU	(P1 / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FUMERAL DIRECTOR	mer & Sars =	- Butto Ma
VS 150		III - SANDARA			061.0



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF ERRELL DEATH Uct. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2917 N. Calvert St. Baltimore township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 2917 N. Calvert St. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7, SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) male Dec. 2. 1910 whi te divorced 10A, USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Railroad Indi ana engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harlan T. Clark Julia Harpster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of acryice) YES OTLO WAT #2 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or unknown) SECURITY NO Mr. Harlan T. Clark - 2905 N. yes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Strangulated retroperitoneal hernia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXXXXX injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Laceration of scalp with external hemorrhage TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-Home UTING A CAUSE OF DEATH. 2917 N. Calvert Street ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED parently rell while suffering from INJURY WHILE AT NOT WHILE October 1, strangulated hernia WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER..... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUI'L AL 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE 10/10/50 Ft. Lincoln Cem. Prince George County, Md. 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR schner Y

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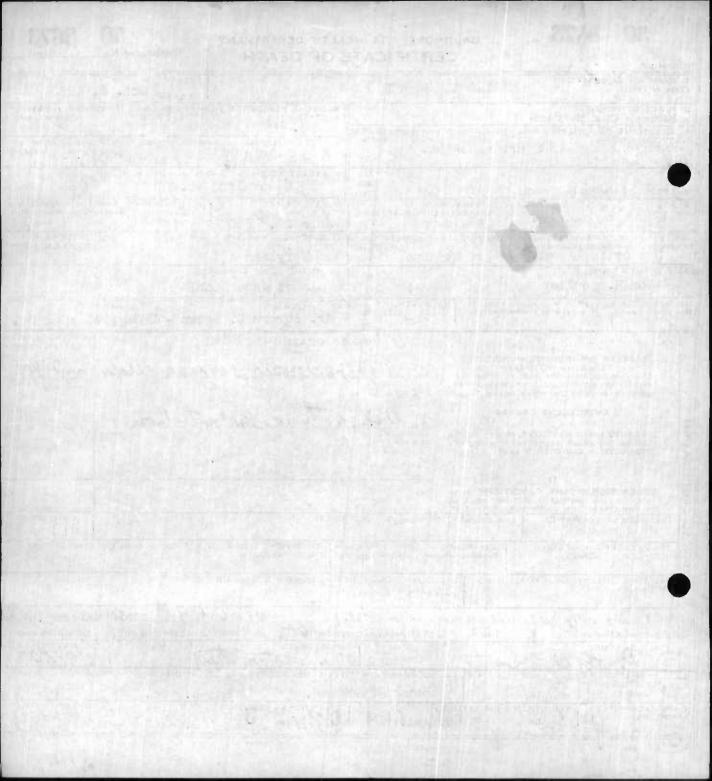
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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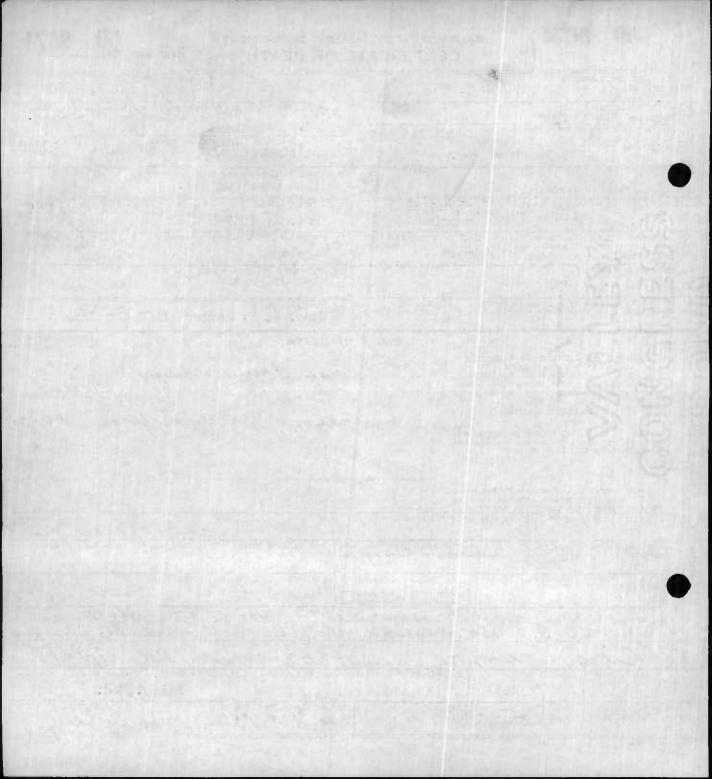
112

BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED MARTHA ANN BROWN	2. DATE OF Oct. 9, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE B. COUNTY before admission)
HOSPITAL OR INSTITUTION 2905 Presstman St.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos. C. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	3. DATE OF BIRTH 9. AGE (In years li Under 1 Year Months: Days Hours Min. June 27, 1869 81
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) NOUSEWLIE at home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland
Noa H. Coulter	14. MOTHER'S MAIDEN NAME Laura Jane Stahl
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer nr dates of service) SECURITY NO.	Mr. Burton C. Brown - 2905 Fresstman St.
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	soclerosis, cardeae diletion syra. asthma, mainstrution -
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B.	RATION 20. AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	
ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from the deceased alive on 1950, and that death occur	, 1948, to Od, 9th, 1950, that I last saw the
Vary D. m. Carty M.D.	23B. ADDRESS 23C. PATE SIGNED 10/9/50
24a. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE 10/11/50 Loudon Park	Cem. Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Some Sichner Sus Pally
The last of the la	11100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

81	RIH NO.						
1. (T:	NAME OF DI	ECEASED	JOHN H.	MOXIEY		2. DATE OF OF OCt.	7, 1950
А.	FULL NAME	city, Maryland	al or institutio	n, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)		
	SPITAL OR STITUTION	2803 Overl	and Ave	location)	Baltimor		write RURAL and give township)
C.	Length of st	tay in Baltimore		Yrs. Mos. Days		rland Ave.	
	sex nale	6.COLOR OR RACE white			8. DATE OF BIRTH	last birthday) Mor	Under Year II Under 24 Hours nths Days Hours Min.
10 work	A. USUAL OCC done during most o Enginee:	CUPATION (Give kind of f working life, even if retired)	Railros	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		12 CITIZEN OF WHAT COUNTRYS
13	Reuben I	B. Moxley			Amanda H	oward	
(Yes	. WAS DECEASE , no or unknown) NO	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. J.	H. Moxley 2803 Ov	perland Ave.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) CURULTAL HOLLING ACTURINGS TO DUE TO						onset and death
AL		F OPERATION 0 1		FINDINGS OF OPER	RATION		YES NO P
EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE. (Specify)	21B. PLAC			ive exact location)	
2	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK						
	deceased al	ive on Oct. 7	, 19 50 . a	nd that death occu	rred at HP. m.	3, to 037, 1950, from the causes and on the	that I last saw the e date stated above.
24 TIC		REMAN 24B. DATE	0 2		ERY OR CREMATORY	246 LOCATION (City, town, Balto, N	
	ATE RECEIVED		wasterman IIII	Muse, M. F.	25 FUNERAL OR	licknes & Sars	ADDRESS /
T	VS 130			Let September		0	83a



AB-142192 50 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8675 Registered No.

В	RTH NO.						
1. (T	NAME OF D ype or Print)	ECEASED	Robert F	aul Dutrey		OF DEATH	7-1950
А.	Baltimore C FULL NAME OSPITAL OR	OF (If not in hospit		on, give street address or location)		Where deceased lived. If i B. COUNTY Balt: If outside corporate limits	before admission)
IN	STITUTION	Baltimore C 4940 Eastern		itals	Essex	zone 21 (Ru	townshim)
G.	Length of s	tay in Baltimore	1	yr. Mos. Days	b. STREET ADDRESS (1) 418 Margaret	Ave.	5300
5.	Male	6.COLOR OR RACE White	7. SINGLE WIDOW	. MARRIED, ED, DJVQRCED (Specify) Pried	B. DATE OF BIRTH Dec. 1-1924	9. AGE (in years last birthday) Mor	Under 1 Year H Under 24 Hours hiths Days Hours Min.
1C work	done during most	CCUPATION (Give kind of of working life, even if retired) ELWORKER		OF BUSINESS OR INDUSTRY	Pennsylvania	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	Paul D	itrey		14. MOTHER'S MAIDEN N Elizabeth Ko		V
15 (Ye	. WAS DECEAS	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANBaltim Records: 4940	ore City Hospo Eastern Ave.	ideebs
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERL'	SE OR CONDITION LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e. g. ns the discase aused death. ES ANY, GIVING STATING THE ST.	(B)	velitis (spino	-bulbar)	6 days
MEDICAL CI	19A. DATE O 10-3- 21A. ACCIE LYING O CAUSE OF	1950 DENT WAS UNDER- R CONTRIBUTING DEATH	racheot 218. PLA ebout home, fe	FINDINGS OF OPER OMY CE OF INJURY (c. g., i rm,factory,street,office bldg	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, g	20. AUTOPSY? YES NO ive exact location)
2	22. I hereb	TURE 10-9=	ended the condition of		-3- ,19 50to 1 rred at 4.50FM., from Paragraphs City H	0-9-, 19 50 the causes and on th ospitals	e date stated above. 23c. DATE SIGNED 10-9-1950
TII	REMOVAL (S BALLAN TE RECEIVE DCAL REGIST	D BY REGISTRAR	50 S SIGNATU	Westminis	ty Car 25. FUNERAL DIRECTOR	Strong	ADDRESS
	VS 150	. ,	Green and the	614	3 A	O'	036.0

De Pattaliathe culled City 14:212 12-16 50 los co. They are not sure as yet Cail of an in smooths. 20 From case record Bureau of Communicable Diseases 12/18/50 ES

14 15 150 The Tomaste I and Carlotte Florida

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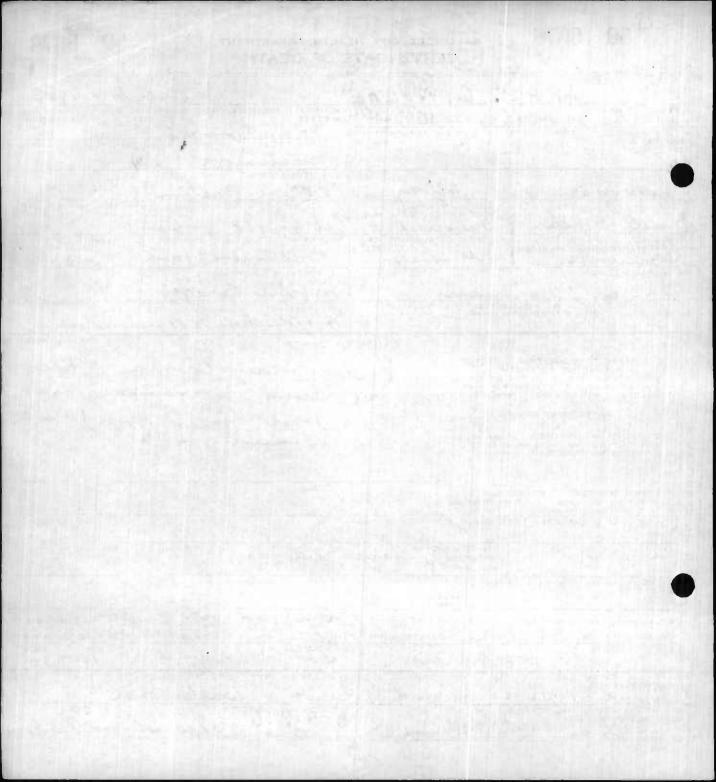
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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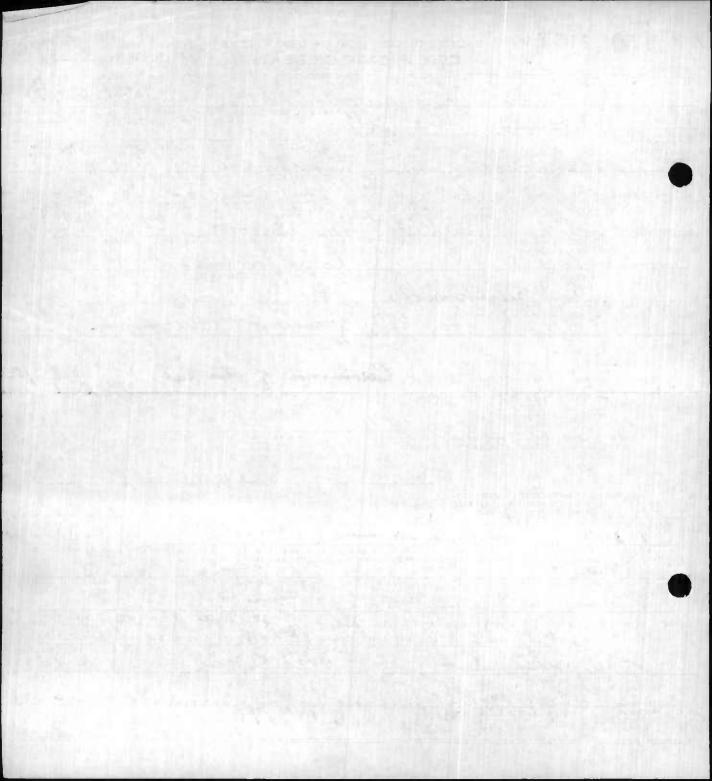
BI	RTH NO.	<u> </u>					
(T		ACE G	WOLFE		2. DATE OF DEATH Och	8-1950	
3. A.	PLACE OF DEATH: Baltimore City, Maryland	1882 W. R	alts. St	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	nstitution : residence before admission)	
В.	FULL NAME OF (If not in)		ion, give street address or	marylan			
IN	SPITAL OR STITUTION		location)	C. CITY OR TOWN (I	f outside corporate limits,		
1	0			Baltimo	~ 15-(township)	
			Yrs.	D. STREET ADDRESS (II	f rural, give location)		
	Length of stay in Baltimo	270	62 ms. Mos.	882 W. Be	-ot :	al.	
-	SEX 6. COLOR OR R		Days Days	8. DATE OF BIRTH		Inder 1 Year It Under 24 Hours	
1	0.002011 011		ED, DIVORCED (Specify)	4		ths Days Hours Min.	
a'	emale white		recel	Oct. 4-1888	62		
10	A. USUAL OCCUPATION (Give dope during most of working life, even if r	kind of 10B. KIND	OF BUSINESS OR		foreign country)	2 CITIZEN OF	
	Vorioeirile	at	1 tones	Baltimon	e mol	WHAT COUNTRY	
13	FATHER'S NAME	1		14. MOTHER'S MAIDEN N	AME	-1.0.	
				1 .0.			
_ (varren de	arma	~	mollie 12	rooks.		
15 (Ye	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
(SECORITI NO.	my Blusken	- 501 william	- 1 Rteur	
	1501					INTERVAL BETWEEN	
	18. 42211		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEASE OR CONDIT		P	7	81.000	4100	
	(This does not mean the n	(This does not mean the mode of dying, e.g., (A)					
	heart failure, asthenia, etc.		e, PUETO A +	- til 00	Instruction		
	injury or complication which caused death.) Pour Intestined Obstantion						
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
ř	RISE TO THE ABOVE CAUSI	E (A) STATING TH		mondurti	A QU.D	Tyeors	
A	UNDERLYING CONDITION	ON LAST.				0	
H			-				
F	11		(C)		***************************************		
ER	OTHER SIGNIFICANT C TRIBUTING TO THE DEATH,						
CE	TO THE DISEASE OR CONE						
	19A. DATE OF OPERATION	0 198. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
A						YES NO	
DICA	21A. ACCIDENT. SUICIDE.	218. PL/	CE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City, gi	ve exact location)	
日日	HOMICIDE (Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
8	PID. TIME (Month) (Day)	(Veer) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	V OCCUR?		
	OF INJURY				i occon		
		m.	WHILE AT NOT WHILE				
	22. I hereby certify that	I attended the	deceased from	Jon. 1950to	Oct. 8 1050	that I last sam th	
	deceased alive on	and down		1 comp and -			
	23A. SIGNATURE	7, 1930.	and that death occur	23B. ADDRESS	the causes and on the	23c. DATE SIGNED	
	25A. SIGNATURE 9.	Highs	tein M.D.	888 W-don	word St.	1.0-9-50	
2	4A. BURIAL, CREMA- 24B. DA	ATE U	24c. NAME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town, o	or county) (State)	
1	N. REMOVAL (Specify)	5-20	Yand IN	Puste B.	all. had		
-		RAR'S SIGNATU	1 outrow	25. FUNERAL DIRECTOR	m. mac	ADDRESS	
1	DCAL REGISTRAR	1 3 10 1	CT. O I O	A DIECTOR	-	0 .	
Y	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	uticator!	Musula Mis	4. Jones 6	01 Wildwo	od Vaston	
	VS 150	4				1	

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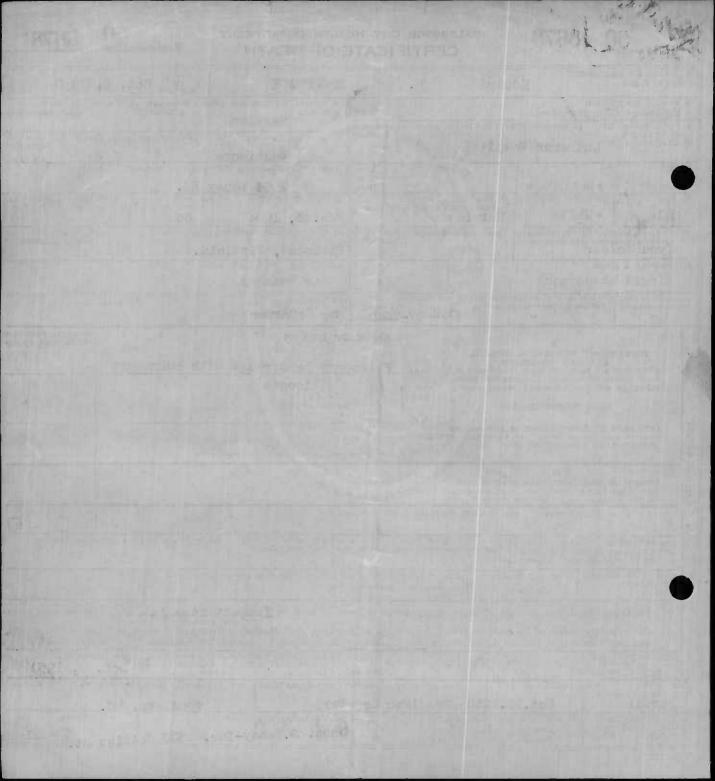
BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF DECEASED	1 1 (- 1 1	1	2. DATE ON A	
	ype or Print)	est Tul	czynske	DEATH OCK	8 1950
	Baltimore City, Maryland Bultu	incure and	A. STATE	Where deceased lived. If inst B. COUNTY	titution: residence
В.	FULL NAME OF (If not in hospital or instituti	on, give street address or			
	DSPITAL OR ISTITUTION	location)	c. CITY OR TOWN (If	f outside corporate limits, w	vrite RURAL and give
	2941 Hudson	VIX.	Baltimore		
1	7. 11 4 1 1 D 11	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE	S YN Days	8. DATE OF BIRTH	9. AGE (In years) It Und	er i Year If Under 24 Hours
P	O O WIDOW	ED, DWORCED (Specify)	Sul - 1 12-140	last birthday) Month	
	A. USUAL OCCUPATION (Givekind of 10B. KIND	OF BUSINESS OR			. CITIZEN OF
work	doneduring most of working life even if retired)	INDUSTRY	12 /		WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	MAME	
	Brancolaw Bien le	amaki.	Parl Y) V	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL	17. INFORMANT	ang	RESS . GUI
(10	s, no or unknown) (If yes, give war of dates of service)	SECURITY NO.	34 goment R.	Rulezynst	ri Andra
	18. 15 14	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.	(A) Care	inoma of Sta	much	July 2/50
	heart failure, asthenia, etc. It means the diseas- injury or complication which caused death	e, .) DUE TO	U		0 /
	ANTECEDENT CAUSES				
Z		(B)	***************************************		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE	IG DUE TO			
CA	UNDERLYING CONDITION LAST.				
F		(C)			de tale
CERTIF	OTHER SIGNIFICANT CONDITIONS COM				
CE	TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I		• • • • • • • • • • • • • • • • • • • •		
_1	19A. DATE OF OPERATION 19B MAJOR	4.	RATION Stowach		20. AUTOPSY?
CA	21a. ACCIDENT, SUICIDE, 21a. PLA	who circum		If in Politimone City give	YES NO 4
EDICAL	HOMICIDE (Specify) about home, C	CE OF INJURY (e. g., i		If in Baltimore City, give	exact location)
N	ip. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	v occup?	
	F INJURY	WHILE AT THE NOT WHILE		CCCOKT	
	Mosu. m.	WORK AT WORK		W	
	22. I hereby certify that I attended the		el 2 1950, to 10		that I last saw the
		and that death occur	rred at	the causes and on the	date stated above.
	23A. SIGNATURE	k M.D.	842 8. Easta	lad.	10-9-50
24	4A. BÜRIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
111	Bureal Oct 11 1950	Haly Kuga	ry Cemetery Ge	rman Hill 18	Goad md.
D	ATE RECEIVED BY REGISTRAR'S SIGNATU	di	S. FUNERAL DIRECTOR	A	DDRESS
17	tuti aton	Yourself My	John J. Du	da Ine 282	7 Hudson &
U	(vs 150 950	THE PROPERTY OF THE PARTY OF TH	11 1		



CERTIFICATE OF DEATH Registered No... BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.		CERTIFICAT	E OF DEAT			
(3	NAME OF DECEASED Type or Print)	Edward	м.	McCORMACK	- 191	of Oct.	8, 1950
	Baltimore City, Mar	yland		A. STATE		eceased lived. If B. COUNTY	institution: residence before admission)
B. H	FULL NAME OF (If I	ot in hospital or institut	tion, give street address o location			e corporate limit	s, write RURAL and give
11	Istitution Luthe	eran Hospital		Balt.	imore	27-	2 o township
	Length of stay in Ba	ltimoro	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
5		OR RACE 7. SINGL	Days E. MARRIED.	2904 Taney Rd. 1 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours			
	Male Whit	ce Marrie		Feb.26, 1884 66			
	DA. USUAL OCCUPATION kdopeduring most of working life, Iron Molder		O OF BUSINESS OR		irginia. 12. CITIZEN OF WHAT COUNTY		
13	B. FATHER'S NAME			14. MOTHER'S MA	IDEN NAME		
	Edward Mc Corr			Mae Beasle	ey		
15 (Ye	5. WAS DECEASED EVER IN s, no or unknown) (If yes, gi	U. S. ARMED FORCES? ve war or dates of service)	16. SOCIAL 212-07-2660	17. INFORMANT Ray McCorma	ck	A	DDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Pulmonary hemorrhage with pulmonary Silicosis						ONSET AND DEATH
ER		EATH, BUT NOT RELAT CONDITION CAUSING					
LO	19A. DATE OF OPERAT	TON 19B, MAJOR	FINDINGS OF OPE	RATION			YES NO K
DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or location) about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
						_ thereon and from	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abound death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.						
	23A. SIGNATURE	m/d. De	Machen	238. CHIEF ME ASSISTANT ME M.D. MEDICAL INVI	DICAL EXAM.		c. DATE SIGNED
Z TI	AA. BURIAL. CREMA: 24 ON. REMOVAL (Specify) Burial	Oct.11.1950	24c. NAME OF CEMETI Woodlawn Cem	ERY OR CREMATORY	24D. LOCATI		or county) (State)
		Huntington /		25. FUNERAL DIR	ECTOR		ADDRESS
V	S 151	0	356	13D			a



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	1 NO.	CERTIFICA	TE OF DEATH	Ace Bistered 1			
1. NA (Type	or Print) An	Y GOODE		2. DATE OF DEATH /0 -	8-50		
	ACE OF DEATH: Itimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. If B. COUNTY	institution : residence before admission)		
B. FUL	L NAME OF (If not in hosp	pital or institution, give strect addre	sor MARY/AND	5. 6661(11	octore administrary		
	TUTION 100	locat	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give township)		
100	1309 AKGY	IE AVE.	BAITIMO	RE 17.	17-02		
			rs. D. STREET ADDRESS (If rural, give location)			
5. SE	ngth of stay in Baltimore 6.COLOR OR RAC		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours		
T-	1- 6.1	WIDOWED, DIVORCED (Sp	cify)	last hirthday) Me	onths Days Hours Min.		
	JSUAL OCCUPATION (Give kind	MIDOWED	11. BIRTHPLACE (State or	r foreign country)	12. CITIZEN OF		
work don	eduring most of working life, even if retire	d) INDUS	TRY		WHAT COUNTRY		
13. FA	THER'S NAME	UNEMPLOYED	14. MOTHER'S MAIDEN	NAME	U.S.H.		
	Alprat Fa	100000		Z ,			
15. W	AS DECEASED EVER IN U. S. ARM	HOMER	JANE				
(Yes, no	or unknown) (If yes, give war or de	ates of service) SECURITY N	0000		DDRESS A A A		
110	150	6411		04NSON-130	INTERVAL BETWEEN		
10	450.0 I		E OF DEATH		ONSET AND DEATH		
	LEADING TO DE	ATH	terioscleros	Sin	4-years.		
	heart failure, asthenia, etc. It m	cans the discase.					
	injury or complication which	caused death.) DUE TO					
-	ANTECEDENT CA		CERT	TIFICATION APPROV	VED BY		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	UNDERLYING CONDITION	LAST.	per: //	HOleon Vos	TAMO.		
2		(C)	OU S	EE OR ASST. MEDICAL EXA			
ERTIFICA	OTHER SIGNIFICANT CON	DITIONS CON					
H	TRIBUTING TO THE DEATH, BU	T NOT RELATED			C / / / / / / / / / / /		
19	A. DATE OF OPERATION	198, MAJOR FINDINGS OF C	PERATION		20. AUTOPSY?		
CAL	0				YES NO		
0 4	A. ACCIDENT WAS UNDER		g., in or 21c. WHERE DID	(If in Baltimore City,	give exact location)		
AEI O	YING□ OR CONTRIBUTING[AUSE OF DEATH	anotte monie, tei m, ideeoi y, evi ees, omeei	ingou.				
	D. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCI	IRRED 21F. HOW DID INJU	RY OCCUR?			
	INSON	m. WHILE AT NOT W			Act Con to		
22	22. I hereby certify that I attended the deceased from 10-8- 1950 10-6- 1950 that I last saw the						
	ceased alive on	, 19 and that death o	ccurred at 10 p.m., from		he date stated above		
23	A. SIGNATURE		23B. ADDRESS	191	23c. DATE SIGNED		
	frong	ecosage M.D	15/62, More	met.	1040-50.		
TION, I	BURIAL, CREMA- 24B. DATE	24C. NAME OF CEM	ETERY OR CREMATORY 24D.	LOCATION (City, town	or county) (State)		
	BURIAL 10-12-50. MT. AUBURN BATTIMORE 30., MO.						
	RECEIVED BY REGISTRA	R'S SIGNATURE	25. FUNERAL DIRECTOR	GUD	ADDRESS		
	Tunt	marker Vinneliand Inch.	WALA! JAC 180	N-916 PEN	WA, AVE.		
	VS 150						

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1	(1 0	DEIOR	BAL	TIMORE CITY HE	ALTH DEPARTMENT	50	Scoo
6				CERTIFICATI	E OF DEATH	Registered No.	
_	NAME OF D	ECEACED					
(T	ype or Print)	Moore 1	Valter	Ye Herson		2. DATE OF DEATH /n/7/	7
Α.		City, Maryland		871	A. STATE	here deceased lived. If inst	itution : residence *before admission)
	FULL NAME	OF (If not in hos)	oital or instituti	on, give street address or location)	mangia	not Balle	nother
ĮN	STITUTION	(/ 5 1	+ 11		C. CITY OR TOWN	outside corporate limits, w	rite RURAL and give
	4	Provide	726 716	piral	13a Ell mond	M2011-11	MIX AUE
				Yrs. Mos.		rural, give location)	
		tay in Baltimore		Days	ASS - STOR	160 Tear	0.200
Э.	M	6. COLOR OR RAC		MARRIED, ED, DIVORCED (Specify)	5. DATE OF BIRTH Yuly 28 1862	9. AGE (In years If Unde last birthday) Months	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of 108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF
	MINIST		RET	INDUSTRY	Tallest Co	Md	WHAT COUNTRY?
13	FATHER'S	IAME &			14. MOTHER'S MAIDEN NA	AME	
		Loweg	Mood	re	1 Reference Ju	olinson	
(Yes	, was DECEASE , no or unknown)	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
					KUTH BROOM -	1515 DANID	Hill Ale
	18. 17-	7 V		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH	
		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)				9-11-10	
	heart failu	re, asthenia, etc. It m	eans the disease			-/ / /	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	injury or	injury or complication which caused death.) DUE TO Hypesterifive heart direase					
		ANTECEDENT CA	USES	91.			
O	DISEASES	S OR CONDITIONS			77260		10-7-50
ATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Metastatic provide carcing						
FIC				to bon	y pelvis, rectum		(over)
					Andrew Control of the		
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
,		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
K					YES NO		
EDICA		NT. SUICIDE. (Specify)		CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE DID (I tc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
3		7					

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE 21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30-1 _, 1950 to 10 -7 -, 19 spthat I last saw the deceased alive on 10-7-, 19 50, and that death occurred at 103 2m., from the causes and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) SURIAL

10-11-50

AIVARY

Land to the state of the state

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

and legibly.

See Document File 50-8680 2/20/51 ES

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH October 9, 1950 JOSEPH **JEROW** 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hosp. Baltimore D. STREET ADDRESS (If rural, give location) Mos. 136 W. Hamburg Street Length of stay in Baltimore Days 5. SEX 6. COLOR DE RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years M Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male 9/29/1920 Colored Single 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Porter Produce Market Summerton-S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Jerow Mattie Durant 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Wattie Jerow-136-W. Hamburg Street 18. 434 CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Chronic empyema heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Cardiac hypertrophy RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Chronic passive congestion, viscera 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

UNDERLYING | OR CONTRIB. UTING | CAUSE OF DEATH. Pip. TIME (Month) (Day) (Year) (Hour) F INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

WORK AT WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A, SIGNATURE

23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

25 FUNERAL DIRECTOR

23c. DATE SIGNED 10-9-50

Sumter S. C Removal

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

V S 151

ADDRESS

THE WATER OF PERSONS HERWITCH

1 630 8682

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

deceased alive on 10/9/, 1950, and that death occurred at 12:30Pm., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 1400 N. Caroline Street 10/9/50 24A. EURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial Oct. 12, 1950 Loudon Park Baltimore, Maryland DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25, FUREAL DIRECTOR ADDRESS 10/9/10/10/10/10/10/10/10/10/10/10/10/10/10/	В	RTH NO.			CERTIFICATI	E OF DEATH	areg.secticu				
S. PLACE OF DEATH A. Baltimore City, Maryland S. FULL NAME OF (If not in bouples) or institution, give street address of the provided provided in the provided prov			ECEASED								
3. FLACE OF DEATH Baltimore City, Maryland 3. FULL NAME OF (If not in hospital or institution, give street address of hostion) 3. FULL NAME OF (If not in hospital or institution, give street address of hostion) 3. FULL NAME OF (If not in hospital or institution, give street address of hostion) 3. FULL NAME OF (If not in hospital or institution, give street address of hostion) 3. FULL NAME OF (If not in hospital or institution, give street address of hostion) 3. FULL NAME OF (If not in hospital or institution, give according to the property of the	William Henry Gable Ward DEATH Octobe										
Second Continue			EATH:			4. USUAL RESIDENCE	(Where deceased lived, 1	f institution : residence			
St. Joseph's Hospital The Cherth of stay in Baltimore S. SEX G. COLOR OR RACE S. SINGLE MARRIEC. MG. MG. MG. MG. MG. MG. MG. M	В.	FULL NAME		al or institu		11394 1 1000 1 10					
Clength of stay in Baltimore So		ISTITUTION				C. CITY OR TOWN	(If outside corporate lim				
E. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED MATERIAL OR DEPOSON STREET MODIFIED ON ORGED Geology MIDOVED ON ORGED	U	5	St. Joseph's	Hospit	al			Q Z			
S. SEX Male White Wh					Albert and						
Male White Warried Specify Jan. 13, 1897 Jan. 1898 Months Days Hours Min. Married Specific Court of Married Specific Court of Married Specific Court of Guard Armoo Steel Corp. Jan. 13, 1897 Jan. 13,					.] .]						
Male	5.	SEX	6. COLOR OR RACE								
INDUSTRY Guerd 33. FATHER'S NAME George W. Ward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or sakawa) 16. U.S. A. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, ashenic, etc. it means the disease, injury or complication which caused death). Due to AnticeDeath Cause (A) Stating the Undertying Condition Asst. DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRY. TO THE DISEASE OR CONDITION CAUSING IT. 19. La ACCIDENT, SUICIDE. HOMICIDE (Specify) 21. ACCIDENT, SUICIDE. HOMICIDE (Specify) 10. TIRE (Month) (Day) (Year) (Hour) 21. INJURY OCCURRED 22. I hereby certify that I attended the deceased from 10/6/ 23. SIGNATURE 24. AURIAL CREMA; 26. DAYE 24. AURIAL, CREMA; 26. DAYE 24. AURIAL, CREMA; 26. DAYE 24. AURIAL, CREMA; 26. DAYE 25. FURTHER SIGNATION (State) 26. AUTOPSY? VEST NO MILE AT MANIEL 27. AUTOPSY? VEST NO MILE AT MANIEL 28. AURICA, FORMATORY (State) 29. AUTOPSY? VEST NO MILE AT MANIEL 20. AUTOPSY? VEST NO MILE AT MANIEL 21. AURICA OF PRATION (Day) (Year) (Hour) 21. Investigation of the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the date stated above deceased alive on 10/9/, 1950, and that death occurred at 12130Pa., from the causes and on the da		Male	White								
Guard 3. Father's Name George W. Ward 15. WAS Deceased Ever in U.S. Arrest Forces; (New poor anabows) (19 see, five way or detect of service) (18. Social, 19. Manda Finding Name Amanda F. Orem 17. Informant Myrtle G. Ward 400 Folsom St. 18. 42.0.1 CAUSE OF DEATH Disease or condition directly LEADING TO DEATH This does not mean the mode of dying, e.g., (A) DISEASE OR CONDITION S. IF ANY, diving rise to The Above Cause (A) Statistical Conditions and the state of death.) DISEASE OR CONDITION S. IF ANY, diving rise to The Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the state of the Above Cause (A) Statistical Conditions and the Above Cause Condition Causes and the Above Cause				10B. KIN			or foreign country)				
13. FATHER'S NAME GOORGE W. WARD 16. SOCIAL SECURITY NO 17. INFORMANT MYTTLE G. WARD 400 FOLSON St. 18. 14. 5571 17. INFORMANT MYTTLE G. WARD 400 FOLSON St. 18. 14. 5571 17. INFORMANT MYTTLE G. WARD 400 FOLSON St. 18. 14. 14. 5571 17. INFORMANT MYTTLE G. WARD 400 FOLSON St. 18. 14. 14. 5571 17. INFORMANT MYTTLE G. WARD 400 FOLSON St. 18. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14				Armco			rvland	TT A			
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15. MAS DECEASED EVER IN U. S. ARNED FORCES 16. SOCIAL M. POR MAN OF THE MORE SHOWN ON THE MORE SHOWN OF THE MORE SHOWN OF THE MORE SHOWN ON THE MORE SHO		George	W. Ward			Amanda E. O	rem				
Yes WITTER SECURITY SOFT MYTTLE G. Ward 400 Folsom St. 18. 12.0. 18. 12.0. 18. 12.0. 18. 12.0. 18. 12.0. 19. 14. 15.0. 19. 15. 12.0. 19. 12.0. 19. 12.0. 19. 12.0. 10. 12.0.	15	. WAS DECEASE	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL			ADDRESS			
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DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF AIM, GIVING PURE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAST. 11 120 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FINDINGS OF OPERATION TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 191A. DATE OF OPERATION 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 10 NUTRY OCCUR? WHILE AT MY WORK AT WORK AT WORK AT WORK AT WORK AT WORK A JUNCY OCCUR? 1100 N. Caroline Street 22C. DATE SIGNED 23B. ADDRESS 23C. DATE SIGNED 2	-										
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DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 10		100	ANTECEDENT CAUS	SES	a	,	/				
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	BTo	

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BIRTH NO.			CERTIFICATI	E OF DEATH	1			
1. NAME OF E (Type or Print)		tta May I	liegger		2. DATE OF DEATH OC	tober 8, 1950		
a. Baltimore	City, Maryland	oital or institut	ion, give street address or	A. STATE	NCE (Where deceased live B. COUNTY	d. If institution : residence		
HOSPITAL OR INSTITUTION			location)	C. CITY OR TOWN		limits, write RURAL and give		
c. Length of s	stay in Baltimore	T	Yrs. Mos. Days		319 W. L1st St			
5. SEX	6. COLOR OR RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (in year last birthday)	s If Under Year If Under 24 Hours Months Days Hours Min.		
Female 10A. USUAL OC work done during most At Home	White CCUPATION (Give kind of working life, even if retire	of 10B. KIND	ried OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S				Maryland		USA		
John S.	Haines				May Sykes			
		ED FORCES?	16. SOCIAL	17. INFORMANT	may bykes	- DDDDGG		
(Yes, no or unknown)	ED EVER IN U. S. ARM (If yes, give war or de	ates of service)	SECURITY NO.	Christian A.	Riegger 131	9 W. 41st Street		
DISEASE RISE TO UNDERLY	s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CALLS OR CONDITIONS THE ABOVE CAUSE (AYING CONDITION) SIGNIFICANT CON G TO THE DEATH, BUDISEASE OR CONDITION	caused death USES IF ANY, GIVIN STATING TH LAST. DITIONS CON T NOT RELATE	(B)	etatas	of Rietus	is \$ 200 \$ 50		
	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION	4	20. AUTOPSY?		
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1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK								
22. I hereby certify that I attended the deceased from deceased alive on \$, 1950, and that death occurred at 1278 f.m., from the causes and on the date stated								
	live on Oct	8, 1950.			from the causes and c	on the date stated above		
23A SIGNA	rande	alles	estun M.O. K	3B. ADDRESS	3.6 th g	23c. DATE SIGNED		
TION, REMOVAL (. Oct.]	1, 1950	Woodlawn	RY OR CREMATORY	Baltimore Co.			
CT 10195		R'S SIGNATI	Miana, M.B.	Burgee Juner	CTOR	Falls Road		
VS 150		0		· Narau	Che Dungoo			

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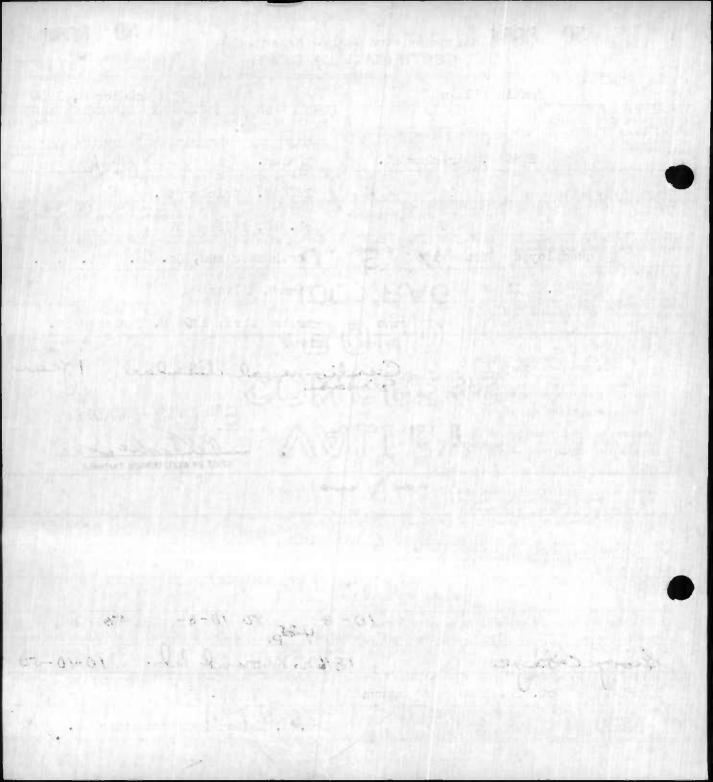
11425 50 8684 BALTIMORE CITY HEALTH DEPARTMENT

50 8684

В	RTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF Description of the second sec		nie Wils	on		2. DATE OF Oct. o	ber 8, 1950
A.	PLACE OF DE Baltimore	City, Maryland		on, give street address o	4. USUAL RESIDENCE A. STATE		
H	SPITAL OR STITUTION			location)	c. CITY OR TOWN Balto.	(If outside corporate lim	its, write RURAL and giv township
c.	Length of s	stay in Baltimore		? Yrs. Mos. Days	D. STREET ADDRESS	The same of the sa	E PHAR
5.	SEX F	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify	8, DATE OF BIRTH	last birthday) M	If Under 1 Year Ionths: Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kindo of working life, even if retired unemployed		of Business or INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	M. Bal	.1		14. MOTHER'S MAIDEN Hannah Mil		
15 (Ye	. WAS DECEAS , no or unknown NO	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO. NONO	17. INFORMANT Martha Norr:	is 1366 N. Str	icker St.
RTIFICATION	heart failt injury or DISEASE RISE TD	s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABDVE CAUSE (A)	ans the disease caused death. SES IF ANY, GIVIN STATING TH	DUE TD	C D per	ERTIFICATION APPR	M. D.
IFIC		П		-		CHIEF OR ASST. MEDICAL	EXAMINER,
CERT	TRIBUTIN	GIGNIFICANT COND G TD THE DEATH, BUT DISEASE OR CONDITION	NDT RELATE	D			
	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
MEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	yes ND give exact location)
	ID. TIME F INJURY	(Month) (Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
	22. I hereby certify that I attended the deceased from 10-8-1950 to 10-8-, 1956 that I last saw deceased alive on, 19, and that death occurred at 4 m.m., from the causes and on the date stated ab						
	23A. SIGNA	necessa	e.	м. р.	18/6n. Mou	nl Sl.	10-10-50
TIC	on, REMOVAL (Buri	Subcify) Oct.	.2, 1950	Mt Auburn		D. LOCATION (City, town	n, or county) (State)
	TE RECEIVE	PET ATO	'S SIGNATU	Villague M. W	Geo. G. Kelso	on 1303 Presst	address man St.
4.6			Alle.	1 100		0 4 66	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ethel Carter DEATH October 7, 1950 3. PLACE OF DEATH: A. Baltimore City, Maryland Good Samaritan Hospital 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 1560 N. Fremont Ave. Davs 5. SEX 6. COLOR OR RACE 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 47 Dec. 16, 1902 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if refired)
HOUSOWITO INDUSTRY WHAT COUNTRY Lancaster Co. Va. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, oo or uokoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, oo or uokoowo) SECURITY NO. no Wm. J. Carter 1560 N. Fremont Ave. no NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. T. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 1 2 3 , 1944, to 10 7 , 19.50, that I last saw the deceased alive on 10 - 6 -, 1950, and that death occurred at 2: 30 fm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 0 20171. 24A. BURIAL, CREM'A-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) October 11, 1950 Halto. National Balto. Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

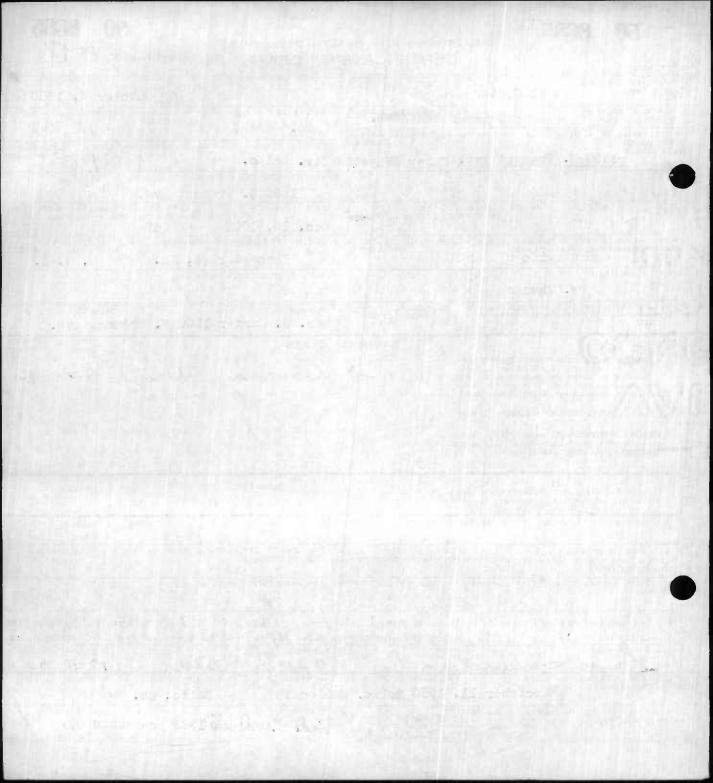
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LOCAL REGISTRAR

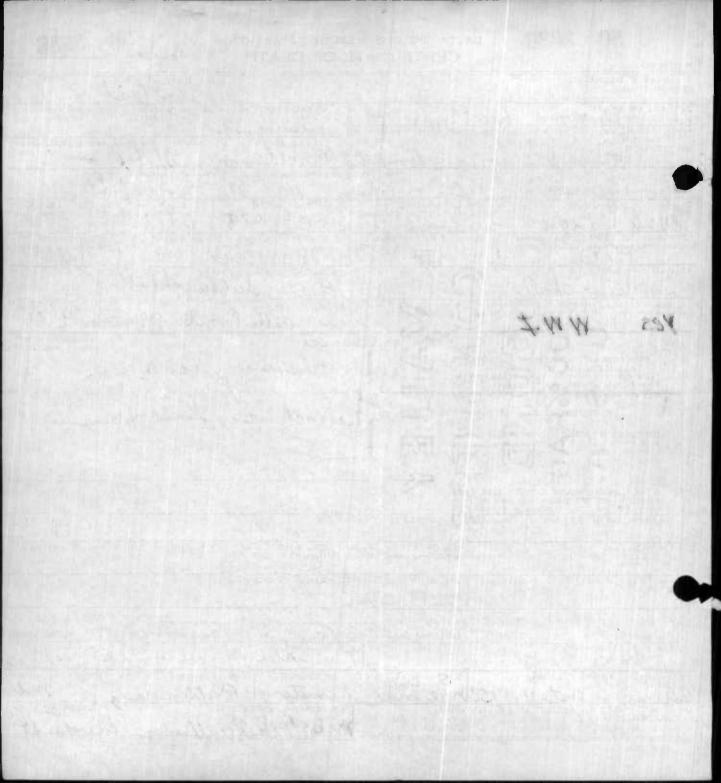
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Kelson 1393 Presstman St,



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D. 14 137	о
Registered No	,

		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.——	3838					
	1.	NAME OF DECEASED 711 10. 2. DATE OF Coat of	7 10 1-1					
	A.		on': residence before admission)					
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR NSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write)	RURAL and give					
6		Length of stay in Baltimore	-					
		Days 9. AGE (In years) If Under 1 Years 1883 9. AGE (In years) If Under 1 Years 1883 1884 1885 1						
Carolina de	10 work	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CIT	TIZEN OF					
	13	3. FATHER'S NAME Andrew Jall Yes trude Churchfull.	.D, W,					
	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yos, give war or dates of service) SECURITY NO. 2. Estelle Prout. 109 W. More						
		CAUSE OF DEATH	ERVAL BETWEEN SET AND DEATH					
	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-							
	TIFIC	OTHER SIGNIFICANT CONDITIONS CON-						
	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	O. AUTOPSY?					
	EDICAL	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exa	ES NO					
	1EDI	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	et location)					
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
Í		22. I hereby certify that I attended the deceased from, 19, to, 19, that						
		deceased alive on, 19, and that death occurred at m., from the causes and on the date 234 SIGNATURE The Tark Property Course House Leave to the cause and on the date 235. ADDRESS From Milling Course House Leave the cause and on the date 1236. ADDRESS From Milling Course House Leave the cause and on the date 1237. SIGNATURE To the cause and on the date 1238. ADDRESS From Milling Course House Leave the cause and on the date 1239. ADDRESS From Milling Course House Leave the cause and on the date 1239. ADDRESS From Milling Course House the cause and on the date 1239. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course House the cause and on the date 1230. ADDRESS From Milling Course the cause the cause and on the date 1230. ADDRESS From Milling Course the cause t	DATE SIGNED					
1000	24 TIC	44. BURIAL CREMA- 24B. DAVE 24BNAME CEMETERY OR CREMATORY 246. LOCATION (City, Nown, or countrial Surial Oct 11, 1950 national benetery Battimore.	ty) (State)					
		DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDR	ESS 322 N.					
	-	167-101950 4 4 4 7 80 6C WWW. 150 09	3 d					
S.								



REGISTRAR'S SIGNATURE

THE RESIDENCE OF THE PERSON OF

DATE RECEIVED BY

LOCAL REGISTRAR

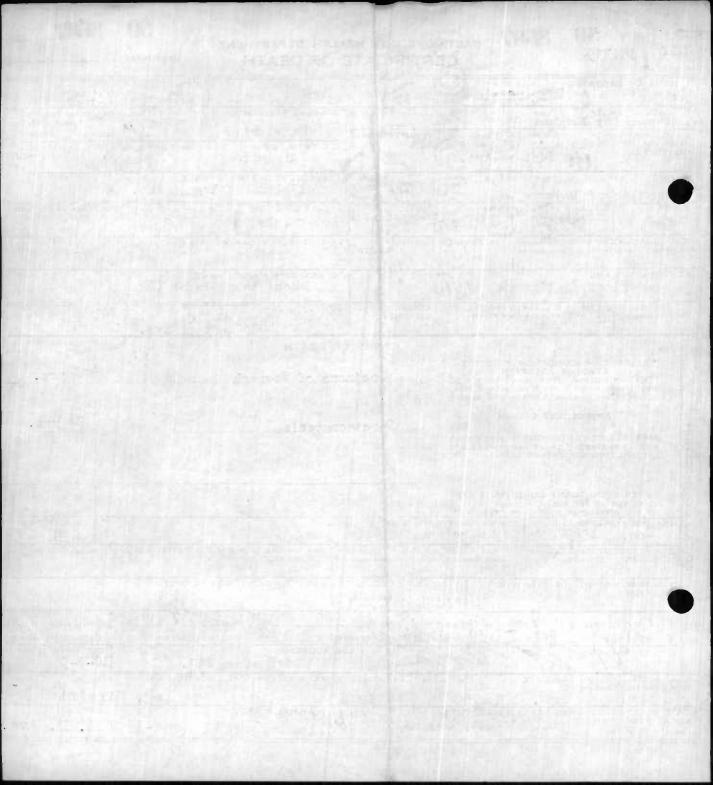
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Dangerfield Jenkins OF Oct. 7 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Yrs. D. STREET ADDRESS (If rural, give location) 22 Yrs. Mos. 1341 Pennsylvania Ave. ength of stay in Baltimore Days 9. AGE (In years | M Under 1 Year | M Under 24 Hours | Months Days | Hours Min. 5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH SIDOWED, DIVORCED (Specify) Mar. 17,-1887 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY Virginia WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fleet Jenkins (D Rosa Anna Fisher (D 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Baltimore City Hosp. hecords INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Stomach (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 25 yrs. Carcinomatosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 13 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MEDICAL Dec. 1948 Carcinoma of Stomach YES X 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Aug. 29 Oct . 7 19 50 that I last saw the 1950 to_ PM., from the causes and on the date stated above. 7 19 50 deceased alive on. and that death occurred at 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 10-9-50 4040 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B, DATE Burial Family Lot Douwning. Virginia

FUNERAL DIRECTOR

ADDRESS

Funeral Home-1631 D. H.



K-520 8688

BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.					
1. NAME OF DECEASED (Type or Print) WALTER WOOD	KING		2. DATE Octobe	r 9, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in	netitution give street address or	4. USUAL RESIDENCE (WA. STATE		tution : residence before admission)				
HOSPITAL OR US Marine Hospitalistitution Wyman Pk. Drive & 31	tal location)		outside corporate limits, wr	rite RURAL and give township)				
ength of stay in Baltimore 6 days	Yrs.	o. STREET ADDRESS (If 1	rural, give location) cticut Avenue					
5. SEX 6. COLOR OR RACE 7. SI	INGLE, MARRIED, IDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/18/75	9. AGE (In years iast birthday) Months					
work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY Physician	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Enoch King	a Hy BI O Lan	14. MOTHER'S MAIDEN NA Alathair Hoope		(GA				
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yee, no or nohnown) (If yes, give war or dates of serv	CES? 16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.						
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE OEATH, BUT NOT BE	cerebral, sis with hrombosis .	Unknown						
TO THE DISEASE OR CONDITION CAUS	RELATED	ATION		20. AUTOPSY?				
21A. ACCIDENT, SUICIDE. 21E	B. PLACE OF INJURY (e. g., in thome, ferm, factory, street, office bldg., e	E OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, gi						
210. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Oct. 3, 150, to Oct. 9, 1950, that I deceased alive on Oct. 9, 1950, and that death occurred at 5:20P m., from the causes and on the date standard of the deceased alive on Oct. 9, 1950, and that death occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m., from the causes and on the date standard occurred at 5:20P m.								
24A. BURIAL, CREMA 24B. DATE REMOVAL (Specify)		RY OR CREMATORY 240. L	Head.	-O. C.				
TOCAL REGISTRAR REGISTRAR'S SIG	W/Min Walking	Jaseph Law	lers Sons 1	756 Pa.				

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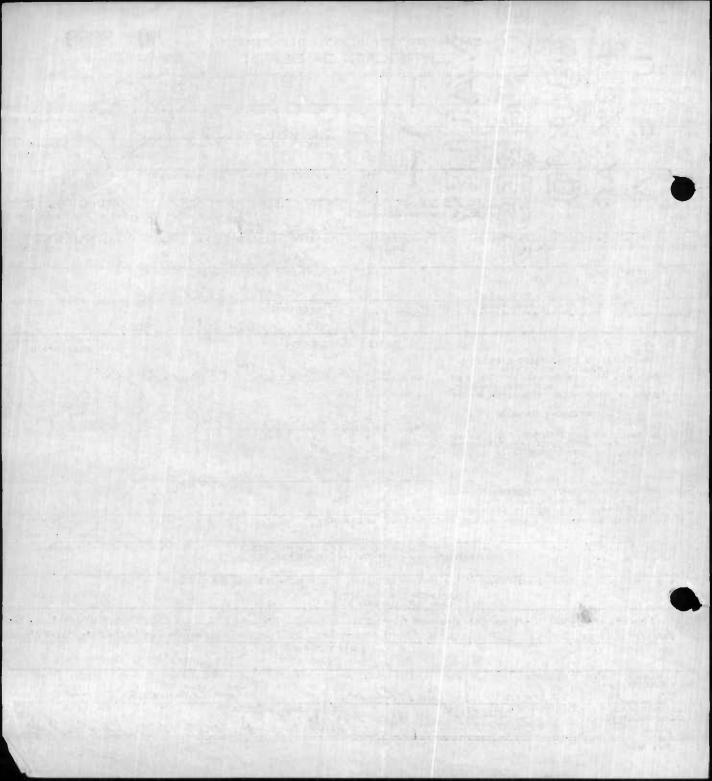
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		A STATE OF THE STA		
			· Charles	

H-652

BALTIMORE CITY HEALTH DEPARTMENT

gistared M

BIRTH	H NO.			CERTIFICATI	E OF DEATH	- negistere	u 140.		
	or Print)	trank Her	rina_			2. DATE OF DEATH O	taker 9. 1950		
a. Ba	LL NAME	ity, Maryland /6	200 Va	lley Street	4. USUAL RESIDE A. STATE Baltima	NCE (Where deceased lived B. COUNTY	. If institution: residence before admission)		
	TITAL OR	0,40 0.4	,	location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give		
20	de	ttle Sister	of to	he boar Yrs.	a croser appe	SS (If rural, give location)			
		ay in Baltimore		11 yrs. Mos.		10	1-01		
5. SE:	×	6. COLOR OR RACE	7. SINGLE	E. MARRIED. (ED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In year) last birthday)	Months Days Hours Min.		
10A. L	JSUAL OCC	CUPATION (Give kind of	Ser.	OF BUSINESS OR	11 BIRTHPLACEIS	7.3 7.6 tate or foreign country)	12. CITIZEN OF		
work don	e during most of	f working life, even lfretired)	100. 1010	INDUSTRY	Baltine	ore md.	WHAT COUNTRY		
13. FA	ATHER'S N	AME DI	, -		14. MOTHER'S MA	DEN NAME			
1 E W	rillia	m Herr	ing	1	Isabel	le Fabrer			
(Yes, po	or unknown)	D EVER IN U. S. ARMED (If yee, give war or date)	of service)	16. SOCIAL SECURITY NO.	Little Dis	ton at the Pas	ADDRESS		
18	. 331	X		CAUSE	OF DEATH	in of sine of wa	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., (A) Our brack & emorriage								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO								
	ANTECEDENT CAUSES						541		
O	DISEASES	OR CONDITIONS, I	F ANY, GIVII	(B)	CIMO S	Colors	75		
ATI		HE ABOVE CAUSE (A)		HE OUE TO					
F				(C)			COLUMN TO SERVICE		
RTI	OTHER S.	II IGNIFICANT COND	ITIONS COL						
E C	TRIBUTING	TO THE OEATH, BUT	NOT RELATE	ŁD.	***************************************				
19				FINDINGS OF OPER	ATION		20. AUTOPSY?		
V -	IA ACCIDE	NT SUICIDE	1 21a DI /	CE OF INITIBY (:	and 210 WHERE D	ID Alf in Reitimore Cit	YES NO NO		
21a. ACCIDENT. SUICIDE. Comparison of the property of the p							y, give exact location;		
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK									
2:	2. I herehi	y certify that I att	ended the	deceased from		, to OCO 9- , 19	30 that I last saw th		
de	eceased al	ive on $\frac{2}{\sqrt{2}}$ 7	1950	and that death occur	red at 7-10 P m.,				
	deceased alive on 28 7, 1900, and that death occurred at 7/01 m., from the causes and on the date stated above. 23A. SIGNATURE & GULL Hall M. D., 23B. ADDRESS & North are 23C. DATE SIGNED 23C. DATE SIGNED								
	24a. BURIAL. CREMA- 24b. DATE 24c. NAME of CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county) (State)								
R	usial	10/12/	50	Oak Four	2	Baltemore	2, me.		
DATE	RECEIVED		approved MI	Minute, New?	25. FUNERAL DIRE	& Gnc. 1212	ADDRESS LA Parl AB		
-	VS 150	1					a v. /		
1							0830		

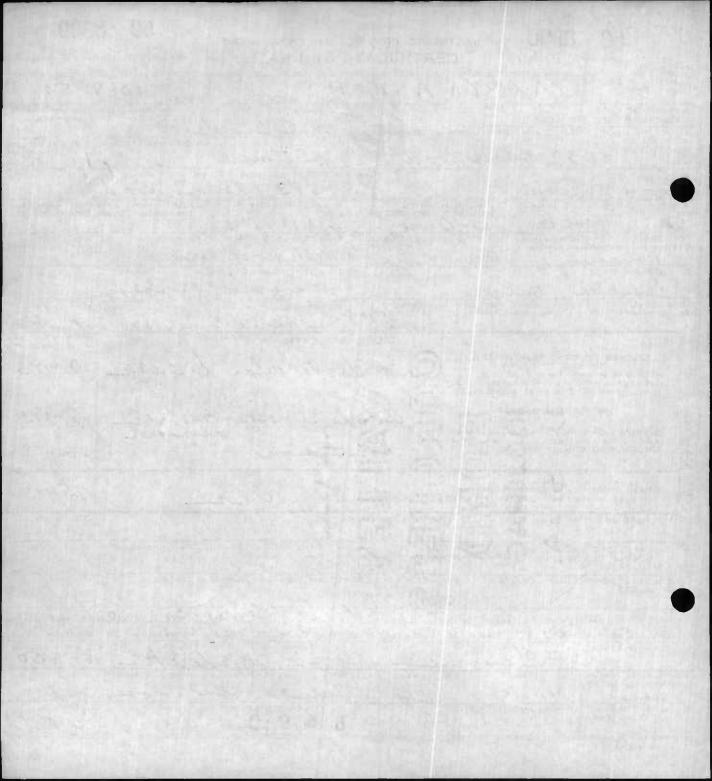


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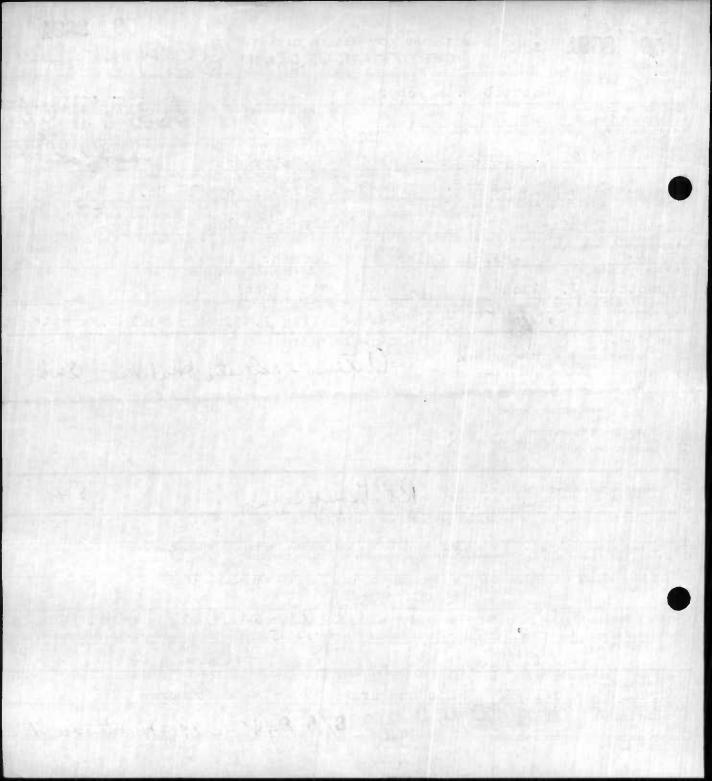
BALTIMORE CITY HEALTH DEPARTMENT

Registered No_

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED MARY.R. ASHE	R 2. DATE OF 10-9-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	maryland_
HOSPITAL OR INSTITUTION 5837 Belain Road location)	C. CITT OR TOWN (II outside corporate limits, write RURAL and give
Yrs.	D. STREET ADDRESS (If rural, give location)
Mos.	5-837 Belair Road
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
lemale white 1112 day vel	Sepb. 15, 18 79 Jast birthday) Months Days Hours Min.
MOA. USUAL OCCUPATION (Givekind of Mork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Housewife Our home	Battimore, md. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
adolph Halzer	margaret o' Grady
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AGORESS
none	ms. wary R. asher, 1708 Eutaw Place
7/2/	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Liverande Missans In une
neart failure, asthenia, etc. It means the disease.	to vascular disease 10 yrs
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES artes	io-sderosis-cerebral 5 yrs
O DISEASES OR CONDITIONS, IF ANY, GIVING	. alvanced
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	estusion, 1045
OTHER SIGNIFICANT CONDITIONS CON-	0 10 151000
TRIBUTING TO THE DEATH, BUT NOT RELATED Sunder	al alcer 139VS
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
A STATE OF INTERVAL	YES NO V
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, fectory, at reet, office bldg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJUR OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 54	5+ 23, 1950, to Sep + 30, 1950, that I last saw the
deccased alive on 30, 1950, and that death occur	rred at Am., from the causes and on the date stated above.
(5)	2074 5 Believe de no AB 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
Burial 10/10/50 now Bar	Thedral Baltimore, md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	8 Km. Book, Suc, 1017 18. Paul &
Vs 1900 mant of the Manual Man	
	1171



BIRTH NO.	0091		CERTIFICATI	E OF DEAT	H Registere	d No
1. NAME OF I	DECEASED	lob J	. Fischer		2. DATE OF DEATH	t.9,1950
3. PLACE OF D				4. USUAL RESID	ENCE (Where deceased lived B. COUNTY	If institution : residence
			ation, give street address or location)		(If outside corporate li	before admission
ength of		5 5 Yr	Yrs.	o. STREET ADDR	Ess (If rural, give location) Fayette St.	
5. SEX	6.COLOR OR RACE	Mar	LE. MARRIED, WED, DIVORCED (Specify) ried	July 14,1	881 69 last birthday)	Months Days Hours Min
Baker	CCUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY S Geier	Germany	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S Gott:	NAME lob J. Fisc	her		Nina Sch		
15. WAS DECEAS (Yes, no or unknown)	(If yea, give wer or date	FORCES?	16. SOCIAL SECURITY NO. 220-09-6425	17. INFORMANT Mollie I.	Fischer 2121	ADDRESS W. Fayette S
Z DISEASE RISE TO UNDERL	LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It means the complication which of the complication which of the complication which of the complication of	of dying, e. ns the diservanced deat deat deat deat deat deat deat de	(B)		Cata Heat Oc	oe 2 wh
TRIBUTING	G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELAT	TEO IL	melegia	,	1 2
O P I						YES NO
CAUSE OF	(Month) (Day) (Year)	about home	ACE OF INJURY (e. g., in, form, factory, street, office bldg., e 21E. INJURY OCCURRI WHILE AT WORK AT WORK AT WORK	ED 21F. HOW DID		y, give exact location)
22. I herel deceased a	by certify that I att	ended the	e deceased from and that death occur	23, 195 red at 12 '15 m.	to Other, 19, from the causes and on	that I last saw that the date stated above
23A, SIGNA	MCOL	len	M. O.	3B. ADDRESS	Frederick on	23c. DATE SIGNED
24A. BURIAL, TION, REMOVAL (S Burial	10/11/	50	Loudon Park		Baltimore	
DATE RECEIVE	TRAR TAUCK	SSIGNAT	Villiana 11 2	876	Vole 1913 W.X	Bathmore ST.
OCT vs 1563	50		50044			093d



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HATTIE TOPMAN DEATHOCTOber 7, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY of not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Iocation' (If outside corporate limits, write RURAL and give INSTITUTION 438 St. Mary's Street Yrs. D. STREET ADDRESS (If rural, give location) Mos 438 St. Mary Street ength of stay in Baltimore Days 6 COLOR OR RACE 9. AGE (In years If Under I Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Female Colored Single 3.1897 Sept. 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY U. S. A Domestic Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Topman Charles Mary Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Topman 438 St. Harv Frederick CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO A 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK

21F. HOW DID INJURY OCCUR?

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

22. I certify that I took charge of the remains described above, held an

Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

2	3	A	S	1	G	N	A	T	U	R	ě

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE

24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn

MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) Baltimore, Md.

23c. DATE SIGNED 10-9-50

ADDRESS 5

before admission)

township)

Burial DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

7208A



BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY E. STERN DEATH 10 -8-50 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Mary (If not in hospital or institution, give street address or B. FULL NAME OF land HOSPITAL ORlocation' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION + Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Men 0 MECullon ength of stay in Baltimore 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. Single 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Columbia Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Todd ampton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. 1324 MECullah No Mrs Filen Stern 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Hypertensive Ht. Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. THE PERSON NAMED IN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION D 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from / - - -, 1950 to 10 - 8 , 1950, that I last saw the _, 1950, and that death occurred at 3.25 Am., from the causes and on the date stated above, deccased alive on 10 - 8. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

10 - 12 - 50

248. DATE

DATE RECEIVED BY LOCAL REGISTRAR

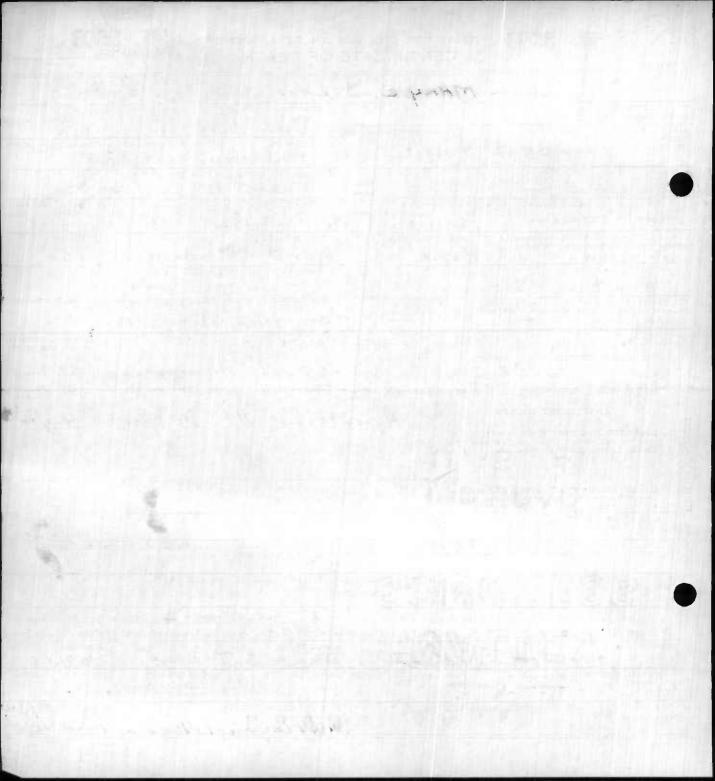
REGISTRAR'S SIGNATURE ALLA MA

25. FUNERAL DIRECTOR

Fredericksburg. Va. ADDRESS 37

JUNS 150 10

7208A



K-5.3	48694
BIRTH NO.	
NAME OF DE	CEASED

BALTIMORE CITY HEALTH DEPARTMENT

	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) Walker Kendall	2. DATE OF DEATH 10-7-50
	3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	INSTITUTION PROVIDENT HOSpital location	
	ength of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS, (If rural, give location)
	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. OATE OF BIRTH 9. AGE (In years if Under I Year It Under 24 Hours Min.
	10A. USUAL OCCUPATION (Give kind of root done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	William Machender	GUSSIE KENDELL
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or onknown) (If yee, give war or dates of service) SECURITY NO.	WY INFORMANT Fundall W. Budlish
	18. E981X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	shot wound of Chest
	heart failure, authoria etc. It means the disease	h left Hemothorax
1	ANTECEDENT CAUSES	
.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
	<u>U</u>	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
	21A. EXTERNAL CAUSE WAS UNDERLYING P OR CONTRIB. about home, farm, factory, street, office bldg., of cause of death. storeroom of	
	215. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURR OF INJURY OCT. 7, 1950 abit. 11:30 WHILE AT WORK AT WORK	
	22. I certify that I took charge of the remains described of	^ / · · ·
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day stated above, s \square , accident \square , suicide \square , homicide \square , undetermined \square .
	23A, SIGNATURE V SWITCH M	238, CHIEF MEDICAL EXAMINER 325. DATE SIGNED ASSISTANT MEDICAL EXAMINER 500 1957
	245. BURIAL. CREMA: 24B. DATE TION EMOVAL (Specify) 10-12-50	RY OR CREMATORY 240, LOCATION (City, town, or county) (State)
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	2 FUNERAL DIRECTOR ADJORESS 578W
	V S 151 4	Motraners H. Newsley Dulle
	N-862.4	166

March A sect 2

15-350

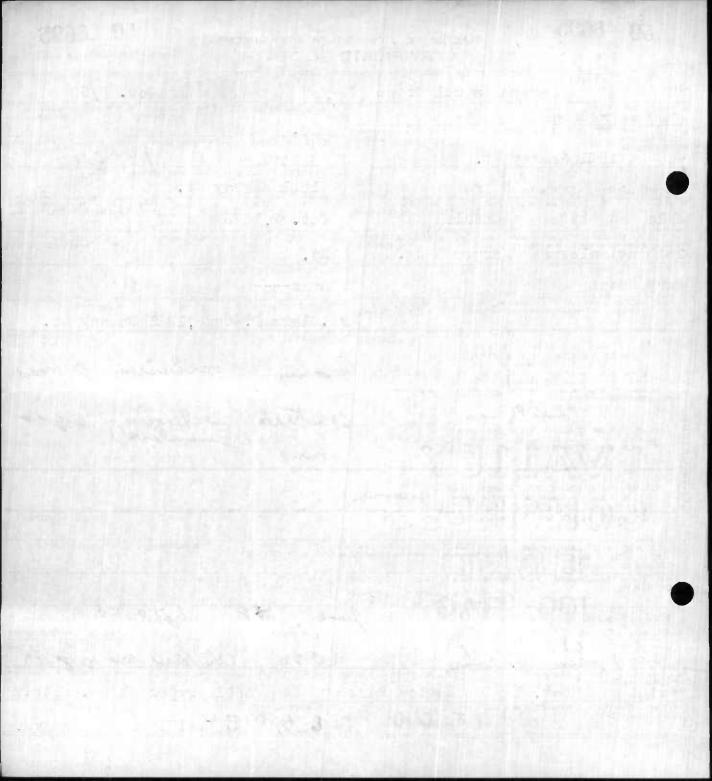
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	E OF BEATT				
1. NAME OF DECEASED (Type or Print) Joseph Samuel Stone	2. DATE OF 0F 0F 8/50				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1821 Ramsay St.	Baltimore 19-04 township)				
ength of stay in Baltimore 65 yrs Yrs, Mos. Days	D. STREET ADDRESS (If rural, give location) 1821 Ramsay St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, White Married (Specify)	8. DATE OF BIRTH OCt. 7,1873 9. AGE (in years it linder I Year Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Work doos during most of working life, even if retired) Warner & Co.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Henry tone	Amm & was tree one				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unboown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS rs.Clara L.Stone, 1821 Ramsay St.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	or DEATH orong orclesion 3 mms actio sclavors 244 many				
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
OF INJURY WHILE AT NOT WHILE MORK AT WORK					
dcceased alive on 19 0 and that death occur 23A. 9GNATURE	, 19 to \$\int_{\text{f}}, 19 \int_{\text{f}}, \text{qhat I last saw the rred all interests and on the date stated above.}				
24A. BURIAL, CAEMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial Oct. 11/50 Loudon Park					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS				

VS 150

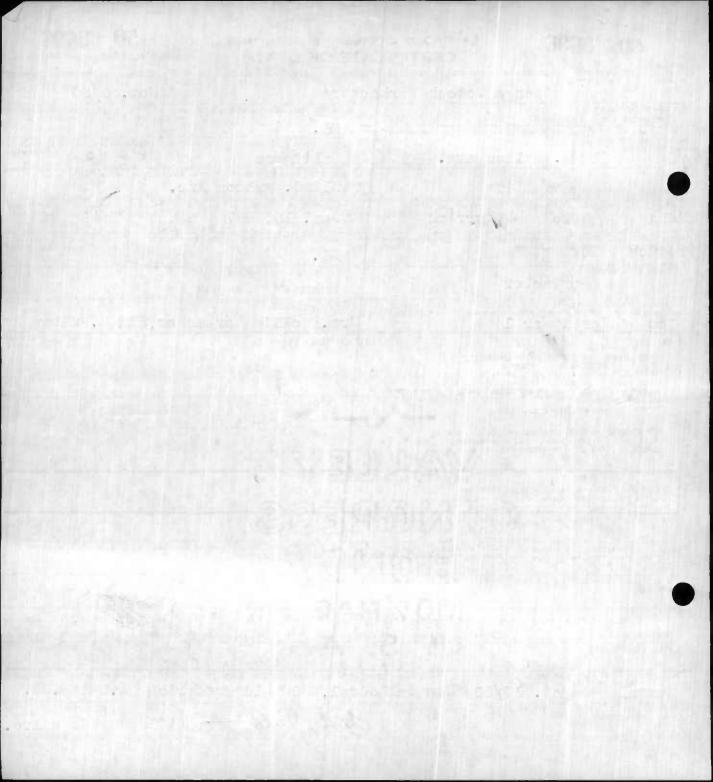
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5-612

BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered	No.			
1. (T	NAME OF DECEAS		ge Jos	seph Sarbach	er	2. DATE OF OCT.	8/50			
A.	PLACE OF DEATH: Baltimore City, I	Maryland	al or institut	tion give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 312 S. Fulton Ave.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	ength of stay in	Baltimore	ife	Yrs. Mos. Days	D. STREET ADDRESS (If 312 S. Fulton					
5.	SEX 6.CO	LOR OR RACE	7. SINGL	E. MARRIED.	B. DATE OF BIRTH Jam. 15,1887	9. AGE (in years iast i rthday)	If Under 1 Year Ionths Days	If Under 24 Hours Hours Min.		
10 Pr	A. USUAL OCCUPATION	TION (Give kind of glife even if retired)	10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.			EN OF T COUNTRY		
13	FATHER'S NAME	arbache	r	(W)	14. MOTHER'S MAIDEN NAME Unknown					
15 (Ye	WAS DECEASED EVE o, no or unknown) (If y Yes Wor	R IN U. S. ARMEI	s of service)	16. SOCIAL SECURITY NO	17. INFORMANT rs. Nellie Sar		ADDRESS	Lton Ar		
		CONDITION			OF DEATH			VAL BETWEEN AND DEATH		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							day		
Z	ANTECEDENT CAUSES									
ATIO	DISEASES OR C RISE TO THE ABO UNDERLYING C	OVE CAUSE (A)	STATING T							
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
AL C	19A. DATE OF OPE			R FINDINGS OF OPER	ATION		20.7	AUTOPSY?		
EDICA	CAUSE OF DEATH									
2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK										
					neh 14, 1947, to					
	deccased alive on		1950	2	red at 10.30 pm., from t 38. ADDRESS 2101 W Factions	1				
2.4 TI	AA. BURIAL, CREMA ON, REMOVAL (Specify) BUTIAL	24B. DATE	2/50	24c. NAME OF CEMETE	RY OR CREMATORY 240. L al,4300 Old Fr	OCATION (City, tow				
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR	SSIGNAT	YRE O O O	25. PUNERAL DIRECTOR	Le 4101 Ed	ADDRES monds			
t	VS 150	F	utwat	on Williams, Mil	3		094			
					And					

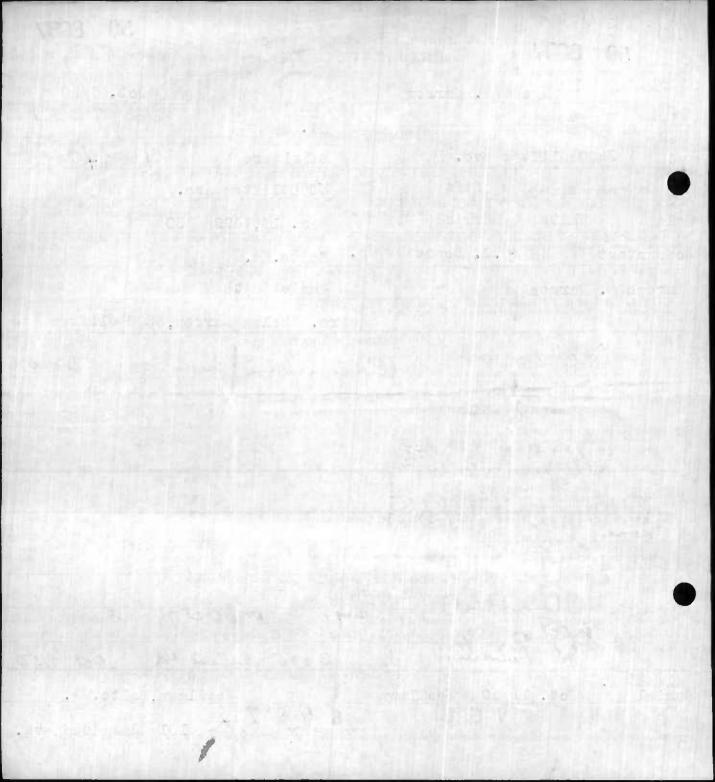


M-650

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8697

Registered No. NAME OF DECEASED 2. DATE (Type or Print) Oct. 7/50 Eugene W. Marron DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3200 Clifton Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Tife 32000liften Ave. ength of stay in Baltimore Days 5. SEX 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours: Min-WIDOWED DIVORCED (Specify) Male White Dec. 16.1899 50 10A. USUAL OCCUPATION (discoverified) C. J. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF Benson Boustry WHAT COUNTRY? Accountant Balto.Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Smith Eugene O. Marron 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO. Mrs. Thelma Marron. 3200 Clifton Ave CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 20. AUTOPSY 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION CAL none 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1950 to OC 22. I hereby certify that I attended the deceased from any . 1950 that I last saw the _, 1950, and that death occurred at deceased alive on OCT 6 _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3805 24c, NAME OF CEMETERY OR CREMATORY | 24p, LOCATION (City, town, or county) 24A. BURIAL. CREMA-TION, REMOVAL (Specify Woodlawn . Balto . Md . Woodlawn Burial Oct. DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



J-520

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.							
	NAME OF D		T.		2. DATE			
	PLACE OF D		ny Jame	S	DEATH UCTODE 7, 1900			
Α.		City, Maryland	al or institut	ion, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
H	SPITAL OR STITUTION	(II not in nospit	ar or metitut	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
1		ood Samaritan	n Hospi	tal	Baltimore	3-0	township)	
	Y		J 1	Yrs. Mos.		rural, give location)		
		tay in Baltimore		Years Days	1423 Zombo	rd St.		
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Ilm	let I Year II Under 24 Hours ns Days Hours Min.	
	emale	Col.	Sing		Dec. 10. 1892	58		
	done during most of	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country) 12	WHAT COUNTRY?	
13	Housek		Domes	tic	Maryland	AME		
						711114		
15	. WAS DECEASE	KNOWN ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Unknown 17. INFORMANT	A. 1974 p.	DECC	
(Ye	, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	Henry Williams 14		RESS	
	10 10	5 V		CALICE		zao nombara bu	INTERVAL BETWEEN	
		SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH	
		LEADING TO DEA	ТН	a Qu	mayou 1	Corta	4 montes	
	heart failu	not mean the mode of are, asthenia, etc. It mea complication which of	ns the discas	se,			(, , , , , , , , , , , , , , , , , , ,	
	injury or			1.) DUE 10	0			
z		ANTECEDENT CAUS	SES	(B)			wen	
ERTIFICATION		S OR CONDITIONS, I		NG .				
A		YING CONDITION LA		72 502 10				
FIG				(C)				
RT	OTHER S	II SIGNIFICANT COND	TIONS CO					
CE		TO THE DEATH, BUT						
			~~~	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CA	214 600101	ENT CHICADE	1 215 5	ACE OF INDUSY (- )	and 21c MHESE DID	If in Poltimore City win	YES NO L	
1EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)	
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
	INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att			ue 1950 to	0/1,160	that I last saw the	
		live on Soci			rred at 1:30 Am., from t			
	23A. 81GNA				3B. ADDRESS		23c. DATE SIGNED	
	2012141	. C. Cu	Just	м. р.	Tri Cusa		10-10-70	
TIC	N. REMOVAL	CREMA- Specify) 248. DATE	2 0 111	24c, NAME OF CEMETE	RY OR CHEMATORY 240.L	OCATION (City, town, or	county) (State)	
-	B uriel	D BY   REGISTRAR	1950	Mt. Calvary	25. FUNERAL DIRECTOR	oklyn, Ma.	DDRESS	
	CAL REGIST		4 STOLINATE		8 EN 8 PON	94.	LO 1 00 0	
F	T 1 0 195	O to to to	1/11:	ma H.	oseph L. Ku	ss 1200 mc	will of st.	
10	VS4150		/ // W. W.	7.20	CA	Balten	one and	
				1000	11 030	a	1	

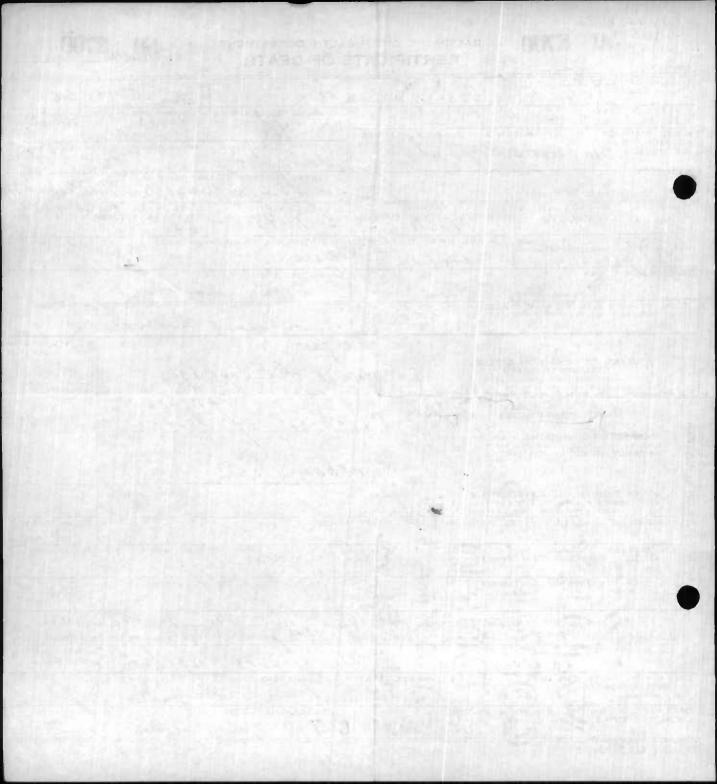
du to seplulus? Dyphilit. Dec Drewmen Tale 50 - 8698

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH October 4, 1950 Marcelo S DELGADO 10302078 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Marylard Harford HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Edgewood Arsenal (Army Chemical Johns Hopkins Hospital Ctr D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1st Chemical Service Battalion ength of stay in Baltimore Days 9. AGE (In years I Under I Year Hours Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Jan. 17, 1917 male white single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Soldier Philippine Islands II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Sancha S. Marcelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ves at present Army Records Army Chemical CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fracture of first and second vertebrae DISEASES OR CONDITIONS, IF ANY, GIVING Multiple fractures of mandible RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Comminuted fracture right femur OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., lo or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING N OR CONTRIB. UTING | CAUSE OF DEATH. Pulaski Highway 700 feet west of Race Rd highway 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY October 4, 1950 3.20am Passenger in car which ran into concrete 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident XX, suicide [ ], homicide [ ], undetermined [ ]. 23A SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... | 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-(State) 240_LOCATION (City, town, or county) DATE RECEIVED BY LOCAL REGISTRAR

0-460 8700

# BALTIMORE CITY HEALTH DEPARTMENT Registered No.

В	IRTH NO.			CERTIFICATI	E OF DEATH	registereu .	
	NAME OF C	C / 1/	rn Ag	nes lo'Leo	2 0 9 )	2. DATE OF 10 -	9-50
	PLACE OF E	City, Maryland	1		A STATE		finstitution : residence pefore admission)
H	FULL NAME	Ban Secours	11	ion, give street address or location)	c. CITY OR TOWN,	If outside corporate limi	ts, write RURAL and give
	ISTITUTION	EM DECOURS	1105.0		Kchester	630	() township)
	ength of s	stay in Baltimore		Yrs. Mos. Days	SM. Of N.D. OF	Vamur, Trini	ty Preparator
	sex le	6. COLOB OR RACE	WIDOW	E. MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Munder 1 Year onths Days Hours Min.
1 C	A USUAL OC domoduring most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Wash. D.C.	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	/	en 1-	2	14. MOTHER'S MAIDEN	VAME	1
15	WAS DECEAS	ED EVER IN U, S. ARME		I 16_SOCIAL	Sind -	Hellan	/
(Ye	a, no or nnknown)	(If yes, give war or date	e of service)	SECURITY NO.	Trinty Couver	+ Record	DDRESS
ERTIFICATION	(This doe heart failt in jury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode ure, asthenia, etc. It mea complication which ANTECEDENT CAUS SOR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II SIGNIFICANT COND G TO THE DEATH, BUT	TH of dying, e. 1 ans the disease caused death SES  F ANY, GIVIN STATING THAST.	C) X20	ture of Esop thosis of thomatosi.	hagic arices lirer	INTERVAL BETWEEN ONSET AND DEATH
AL C		OF OPERATION		FINDINGS OF OPER			20. AUTOPSY?
EDIC	21A. ACCID. HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	or 21c. WHERE DID	(If in Baltimore City,	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	RY OCCUR?	
	22. I heret	by certify that Late live on 10-9	ended the		7 - 7 , 1950, to		that I last saw the
	23A. SIGNA		, 19 <u>00,</u>		3B ADDRESS  30n Secours		the date stated above.  23c. DATE SIGNED  10-9-50
	AA. BURIAL,	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24b.	Scheder	, or county) (State)
	ATE RECEIVE		1 Wirtung /		Serty O. Trel	ey - Fultosa	ADDRESS
Ū	CTV# @d9			093	8V		1246

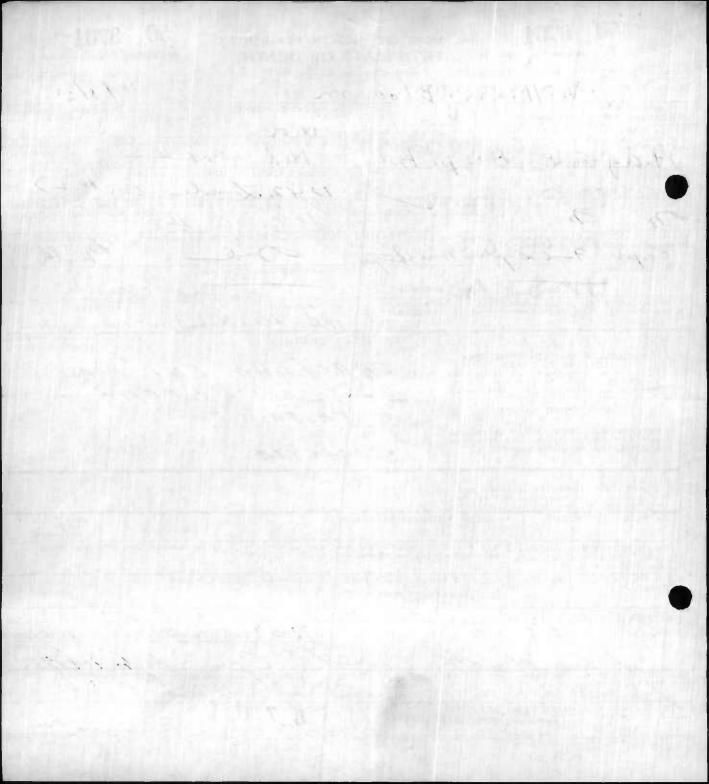


B-450 8701

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Control No.

E	IRTH NO.			
	NAME OF DECEASED Type or Print)  William JBloc	m	2. DATE. OF A	10/8/57
	PLACE OF DEATH: Baltimore City, Maryland		SIDENCE (Where deceased live	
В	. FULL NAME OF (If not in hospital or institution, give street add	ress or IXI d	1	
	NSTITUTION	c. CITY OR TO		limits, write RURAL and give
1	Stagner Hospital	Yrs. D. STREET AD	C. Orfute	5 1 07
	ength of stay in Baltimore	Mos.	DDRESS (If rural, give location	1 H 2)
E S	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	Days   24 2	IRTH 9. AGE (In year	s If Under 1 Year   If Under 24 Hours
6	m. WIDOWED, DIVORCED (	segt 11,	1908 42	Months Days Hours Min.
MO 1	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS of k done during most of working life, even if retired)	OR II/BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
_	capt tire of. Halle	te -	md.	2184
1	3. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
-	I'm. S. Hoom		Emma 4.	hine
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMAN		ADDRESS
-	no	Mrts. Ke	la bloom. 186;	Vandes ave.
	1 - 1 \	JSE OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	000.	10 10 11	
	neart failure, astronia, etc. It means the discase		MA PAN	
	injury or complication which caused death.) DUE TO	GENERI	ALIZED MBD	PRMINAL
_	ANTECEDENT CAUSES	PETASTA	isis -	
NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		
1		ACLEYI	in	
임	(C)			***************************************
RT	OTHER SIGNIFICANT CONDITIONS CON-			
GE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF	OPERATION		20. AUTOPSY?
Y				YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office		RE DID (If in Baltimore Ci	ty, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OC	CURRED 21F. HOW	DID INJURY OCCUR?	
		WHILE		
h	22. I hereby certify that Lattended the deceased from	5. 7.3	950, to 10/8,1	95 Chat I last saw the
		occurred at 7.'00	M., from the causes and o	m the date stated above
	23A. SIGNATURE	238. ADDRESS	and the same of th	23c. DATE SIGNED
		D 16,	Cly una fler	6 10/8/180
7 T	ON, REMOVAL (Specify)	METERY OR CREMATO	DRY 240. LOCATION (City, t	own, or county) (State)
-	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	Johns Cim.	Ellication	4, 100.
	OCAL REGISTRAR REGISTRAR'S SIGNATURE.	25. FUNERAL	7000	ADDRESS
-	151.111990	serge/V.	Torry - U-sed + She	dynood .
	76	293		0469

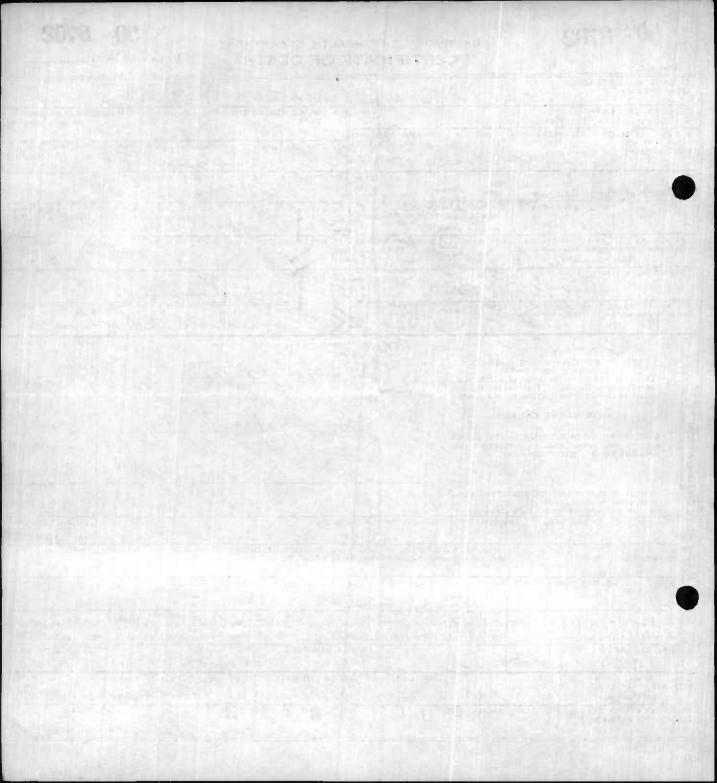


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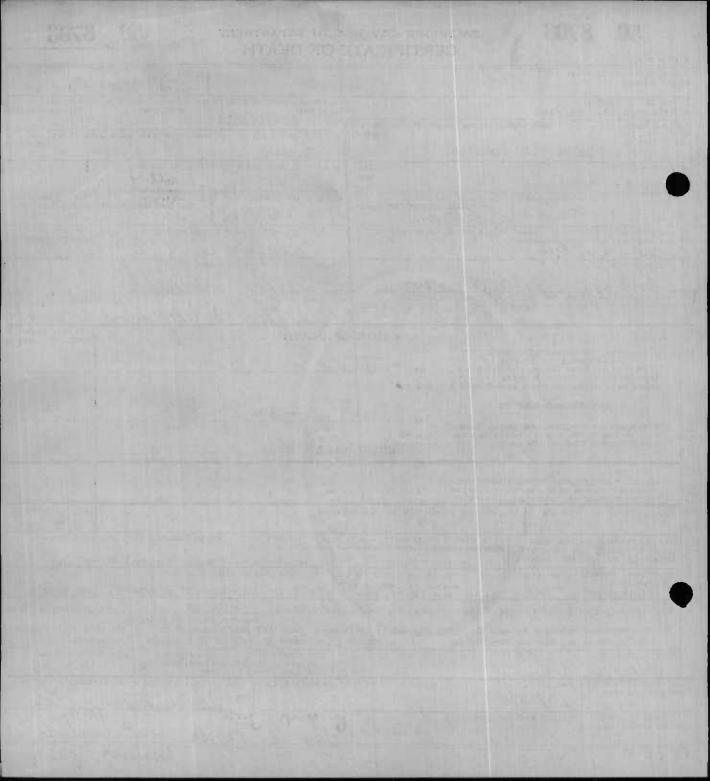
### BALTIMORE CITY HEALTH DEPARTMENT

50 8702

B	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No
1	NAME OF DE	ECEASED				2, DATE	
(3	Type or Print)	E	LIZI	ABETH C.	WALTER	OF DEATH	1. 7. 19.00
	PLACE OF DE				4. USUAL RESIDENCE		
			tal or institut	tion, give street address or		B. COUNTY	before admission)
H	OSPITAL OR			location)		If outside corporate lim	its, write RURAL and give
6	) ()	6 1. Mo	nyo	est.	Ba	limore &	10-03 township)
				Yrs. Mos.		If rural, give location)	2-1
	A-11-4	ay in Baltimore		Days		nouvae	Ct.
5	. SEX	6. COLOR OR RACE	WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last bjrthday) M	If Under 1 Year It Under 24 Hours Onths: Days Hours Min.
	F	W		arried	Och. 15, 188	9 61	
wor	k done during most of	CUPATION (Give kind of f working life, even if retired	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
_		asewife			ma.		
13	B. FATHER'S N	AME	0 1	7	14. MOTHER'S MAIDEN	, ,	
		serge	John		morey,	Cheiner	
(Y	m, no or naknown)	D EVER IN W. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1	ADDRESS
_	no	-		none	Chilips y. W	aller - 6 of.	montae It.
	18. 151	4X.		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION			1.	-	,
		not mean the mode	of dying, e.	819 (A)	curua of Rec	hun	Zyesie
	injury or	re, asthenia, etc. It me complication which	ans the diseas caused deatl	se, h.) DUE TO			
		ANTECEDENT CAU	SES	1			
Z				(D)/	ucumestori	J	1 year
E	RISE TO TH	OR CONDITIONS, HE ABOVE CAUSE (A)	STATING T				
V	UNDERLY	ING CONDITION L	AST.				
RTIFICATION	me m	п		(C)		,,	
RT		IGNIFICANT COND					
CE		TO THE DEATH, BUT					
L	19A. DATE OF	F OPERATION O	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
U Y	01: 100:05	NIT GUIGIDE	1 01- 51		1.04- 244-55-515	and the bit of	YES NO
EDIC	HOMICIDE	NT, SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Z		26 (1) (2)	1				
	OF INJURY	Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?	
			m.	WHILE AT WORK AT WORK			
		y certify that I at		account j. one	ME , 1940, to		that I last saw the
		ive on Oct. 7	_, 1980	and that death becur		the causes and on	the date stated above.
	23A. SIGNAT	1 11. 110	5	0	238. ADDRESS		23c. DATE SIGNED
-	4A. BURIAL, C	REMA- 24B. DATE		M. D. ZAC. NAME OF CEMETE	1905. W. 1 sal Fe	LOCATION (City, town	n, or county) (State)
וֹד	ON, REMOVAL (ST	pecify)		ZAC. NAME OF CEMETE	Planton 245.	B. of:	i, or country (State)
-	ATE RECEIVED			Mary C	OF FOURTH DEFETA	occu,	ADDRESS.
	OCAL REGISTE		SIGNATO	2 0 11 0	25 FONERAL DECTO	0 7 -	ADDRESS
-	1991		Wise.		Glorge H Hale	ley Jullon	se x agellust.
1	1 VS 150	thentwate	n / Yello	CULLA I MU			1/1
11		0				0	460



BAN BIRTH NO.	TIMORE CITY HE		NT Registered No.	8,40,0
1. NAME OF DECEASED (Type or Print)  ALFRED	WA	GAMAN	2. DATE OF October	10, 1950
3. FLACE OF DEATH: A. Baltimore City, Maryland		A. STATE	E (Where deceased lived, If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institut HOSPITAL OR INSTITUTION University Hospit	location)	Pennsylvan c. city or town Hanover	(If outside corporate limits, w	vrite RURAL and give township)
ngth of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	
5. SEX   6. COLOR OF RACE   7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH  NOV. 26, 197	9. AGE (In years   Month	ler I Year If Under 24 Hours ns Days Hours Min.
10A. USUAL OCCUPATION (Give kind of the work dame during most of Morking life, of en if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country	WHAT COUNTRY?
Unillip Wagas	nan	14. MOTHER'S MAYDE	A mith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of ervice)	16. SOCIAL SECURITY NO.	17. INFORMANT	I. Wagaman	Hanover Pr.
LEADING TO DEATH (This does not mean the mode of dying, e. ; heart failure, asthenia, etc. It means the disease injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Subdura	e of base of s  l hemorrhage  on of brain		
DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING I	EO			
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., in farm, factory, street, office bldg., et		(If in Baltimore City, give	exact location)
E 210. TIME (Month) (Day) (Year) (Hour)	ace track 21E. INJURY OCCURRE	D 21F. HOW DID IN.		
October 6, 1950 Ila. m. l	WORK AT WORK		own while exercis	
the cvidence obtained by said Auto and death in my opinion resulted f	psy. Inspection or In	Autonquiry, find that sai	psy, Inspection or Inquiry d deceased died on the	thereon and from day stated above,
23A. SIGNATURE			CAL EXAMINER 23c. I	DATE SIGNED 10-10-50
	24c. NAME OF CEMETER		Cherrystown	(State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		11 m Q T	gr Leiser 205 l	arlisle st
W.S 151 N 80 1.2	005	-8M	Hanover	, Va

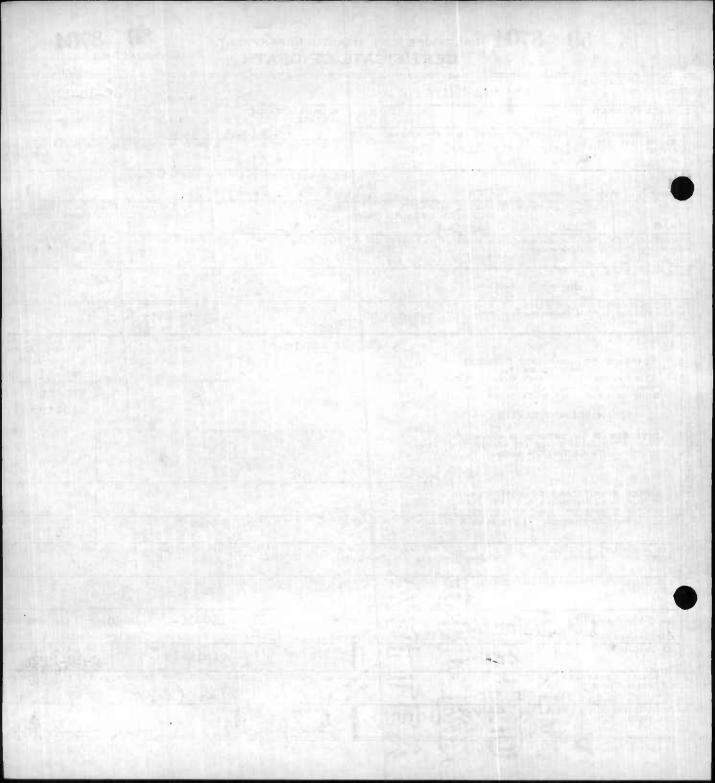


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Benjamin Baird 10-10-1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. 1906 E. Favette St. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male Married Dec. 15- 1914 IOA. USUAL OCCUPATION (Give kied of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? WELDER Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Baird Cora Jenkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or pokoown) (If yes, give war or dates of nervice) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary Tuberculosis Several (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, months injury or complication which caused death.) DUE TO History ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 10-9-. 1950, to 10-10-, 19 50 that I last saw the 10 50, and that death occurred at_ 5.15AM from the eauses and on the date stated above. deceased alive on. Bantimore City Hospitals 23A, SIGNATURE 23c. DATE SIGNED 10-10-1950 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Muria 10-13-50 25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



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	1.35					1	50	
K	50	8705	BAL	TIMORE CITY I	HEALTH DEPART	TMENT		0705
BIR	TH NO.	10.000		CERTIFICA	TE OF DEAT	Ή	Registered No	
	AME OF D		ace e u	HARDE	N	2.	DATE OF 10-10 DEATH	7-50
	LACE OF D	EATH: City, Maryland					deceased lived. If in	
B. Fl	JLL NAME		al or institut	ion, give street address locatio	or MARYLA		Balten	rance
	TITUTION,	THARLAL I	1/45 217		C. CITT OR TOWN	S M 14L		write RURAL and give township)
44	1000	EMORIA +	7037/1	57 Yrs	D. STREET ADDR			
1	ngth of s	tay in Baltimore	LIFE 1	Day		VONE	53	0.0
5. 51	Female	Hhite	WIDOW	E, MARRIED, VED, DIVORCED (Speci	8. DATE OF BIRT		AGE (In years Mun last birthday) Mont	der I Year II Under 24 Hours hs Days Hours Min.
10A. work do	ne during most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE	. ,		2. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S N	IAME		EL SIE		0. Md.		USA
	105	EPH KINGS L	/		14. MOTHER'S M	ZABETH	13,57	5 CH
15. \ (Yes, n	WAS DECEASE to or unknown)	D EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Jarden	Owings.	mell
ERTIFICATION	(This does heart failuinjury or DISEASES RISE TO TIUNDERLY	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	TH f dying, e. g ns the disease aused death SES  ANY, GIVIN STATING TH ST.	(B)	llin eerek	<i>!!!</i> 7	Tunio C	6
0 -		F OPERATION   1		FINDINGS OF OPI	ERATION			1 20. AUTOBOY?
A L		2		2				YES WO NO
		ENT WAS UNDER- CONTRIBUTING DEATH		CE OF INJURY (e. g. arm, factory, street, office bld			Baltimore City, giv	e exact location)
2	F INJURY	Month) (Day) (Year)		21E. INJURY OCCUR		OO YAULNI C	CUR?	
	2 I hanaha		m.	WORK AT WORL	1.11	0. 101.	201	
d	leeeased al	y eertify that Latt ive on 10/10	. 19 <b>50</b>	are easea from and that death occ	urred at 7:35 Am	o, to 10/1	auses and on the	that I last saw the date stated above.
	Pich Rich		ch,	м. р.	238. ADDRESS	emorial		23c. DATE SIGNED
24A. TION	BURIAL, C REMOVAL (S		150	Cell Saint	ERY OR CREMATORY	Rust	TION (Cly, town, or	Salle Cons
	E RECEIVED		6 1.3 11		25. FUNERAL DIE	RECTOR	a Rust.	DDRESS
-	VS 150	1950	B -	musica Mari	911/4	) /John	7,000,00	
	.0 .00			C. C. C. C. C.				54B

malignant from tume, summary sete. Au Drument File 50 - 8705 10-18-50

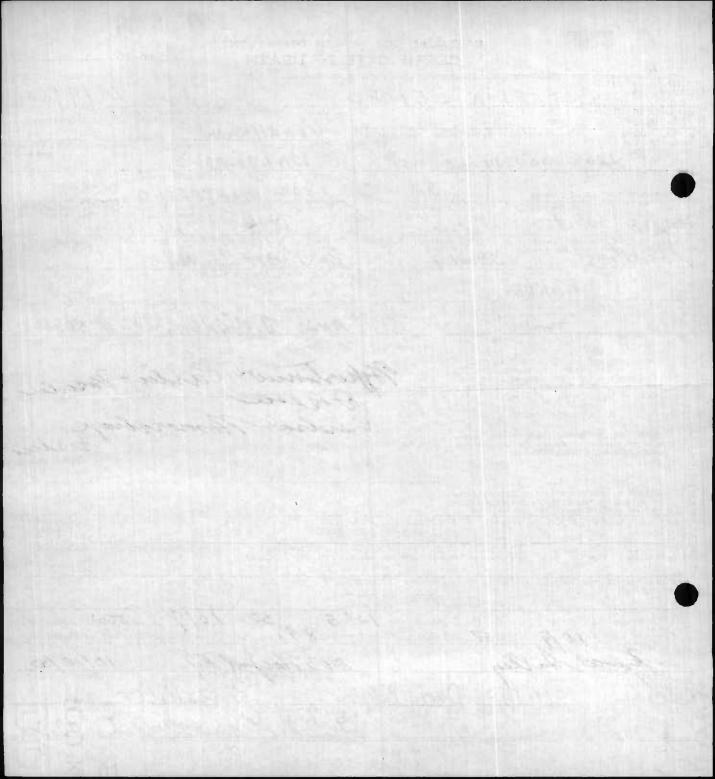
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### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

50 8706

BIRTH NO.		C	ERTIFICAT	E OF DEATH	Registered	NO.
1. NAME OF DE (Type or Print)	Cordi	ELIA .	SEIBEI		2. DATE OF DEATH	10/9/50
A. Baltimore C	EATH:			4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
B. FULL NAME (		ital or institution,	give street address o		Nd	nits, write RURAL and give
INSTITUTION .	2802 mon	14hElla		C. CITT OK TOWN	NOFE	township)
	30-2 10/0/	PUNNO	Yrs.		If rural, give location)	
Length of st	ay in Baltimore		50 Mos.	2802 MOI	NTBELLO	27-02
5. SEX	6. COLOR DR RACE		MARRIED. D.DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
TENUALE	White	Wido	W	1879	74	
	CUPATION (Give kind of orking life, even if retired	10B. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	Toreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		SEMIN	4	14. MOTHER'S MAIDEN I	S. MA	
	KOLD	E			N.C.S.TVI bus	
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMI (If yes, give war or da	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	. 204	ADDRESS
no	no			AMA VINIG	TNEM . 280	MONDELLO
18. 443	3 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	E OR CONDITION	ATH	M	land in	0,	
heart failur	not mean the mode re, asthenia, etc. It me	eans the disease,	(A)fQfg	a summer	assec	- Heraela
	complication which		DUE TO	there		
Z	ANTECEDENT CAL		(B)E	andral 1	Zonorgi	here
RISE TO TH	OR CONDITIONS.	) STATING THE	DUE TO			2.3 des
0	ING CONDITION	AST.				
	11		(C)			
TRIBUTING	IGNIFICANT CONI	T NOT RELATED				
. 19A. DATE OF	F OPERATION		INDINGS OF OPE	RATION		20. AUTOPSY?
CAL	0					YES ND
HOMICIDE	NT. SUICIDE. (Specify)		E OF INJURY (e. g., , , factory, street, office bldg.		(If in Baltimore City	7, give exact location)
21D. TIME ()	Month) (Day) (Year	r) (Hour)   21E	. INJURY OCCURE	RED 21F. HOW DID INJUR	RY OCCUR?	
			DRK NOT WHILE		4	
22. I hereby	certify that I as	tended the de	ceased from 10	15 1950, to	10/9,19	Sthat I last saw the
deceased ali		_, 19,67, and	d that death occlu	rred at 8 m., from	the causes and on	the date stated above.
ZSA. SISTEM	back Start	Ren	M. D.	5703 Hace Sout	Rell .	10/10/30
24A. BURIAL, C	REMA- 24B. DATE	1/- 240		ERY DE CREMATORY 240.	LOCATION (City, tov	wn, or county) (State)
DULIAL	10/11	150 0	rrid Kidy	Fe	KESUILL	E M1
DATE RECEIVED	RAR REGISTRAF	S SIGNATURE	0 11 4	TONERAL DIRECTOR	-0 0	ADDRESS
UCTIO	10 Though	T + 14	- (	travele H. N	well- A	ekesur le rad
VS 150	min help.	A THE	would the	116		n93d
			670	74		0 1 -



کا	2	EALTH DEPARTMENT  E OF DEATH  Registered No.
ВІ	IRTH NO. MIRTH NO.	E OF DEATH
(T	NAME OF DECEASED Que drew Par	N 2. DATE OF 10. 195%
Α.	Baltimore City, Maryland Dun 1908	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address o location is structured in the street address of the street ad	
	right of stay in Baltimore Yrs.	D. STREET ADDRESS (If rural, give location)
7	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify	8. DATE OF BIRTH / 1 9. AGE (In years) If linder I Year   If linder 24 Hours
10 work	A. USUAL OCCUPATION (Give kind of a dose during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16, SOCIAL	14. MOTHER'S MAIDEN NAME  17. INFORMATION ADDRESS  ADDRESS
(Yes	e, oo or unknowo) (If yes, give war or dates of service) SECURITY NO.	
	DISEASE OR CONDITION DIRECTLY	of DEATH wital heart disease. Conquital cansposition great vessele.
FICATION		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
SAL	194. DATE OF OPERATION 3 198. MAJOR FINDINGS OF OPE	are, transposition great vessels yes & No
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF OF INJURY	
	m. WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from 1	1950 to 10-10-, 1950, that I last saw the

23A. SIGNATUR

22. I hereby certify that I attended the deceased from 10 31 deceased alive on 10-10: 19 50 and that death occurred at

23B. ADDRESS

m., from the causes and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c, NAME OF CEMETERY OR CREMATO

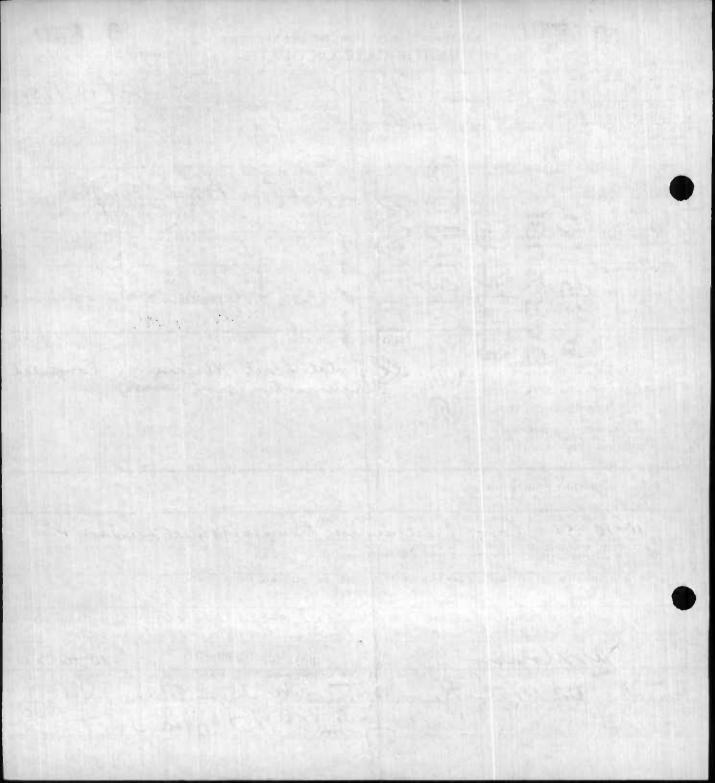
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10-10-50 ON (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

(State)

VS 150



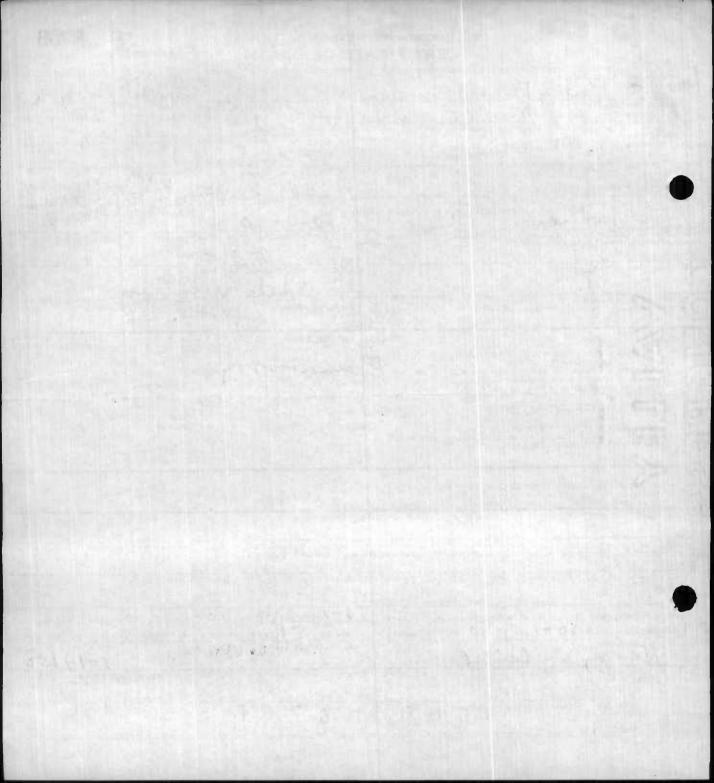
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50 8708	RAI TIMORE CITY HI	EALTH DEPARTMENT	1.15	0500
BIRTH NO. 71.R.	CERTIFICAT		Registered No.	0 /4/0
1. NAME OF DECEASED (Type or Print)	22		2. DATE OF A + 0.	1 1054
3. PLACE OF DEATH:  A. Baltimore City, Maryland Harrie	& Lano Home.	4. USUAL RESIDENCE (W	here deceased lived. If ins	titution residence before admission
B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION HOLD ROPLING NO	itution, give street address or location)		outside corporate limits, w	rite RURAL and gi
22		Dundal	R 520	township
ength of stay in Baltimore	Yrs. Mos. Days	POS Sall	rural, give location)	18
male Color or RACE 7. SIN WID	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Undilast birthday) Month	et I Yest   II Under 24 Hours   Mir
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	CITIZEN OF
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	NAC .	
7,		T de la la		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	7 16. SOCIAL	17. INFORMANT	MADELIES HOSPITADO	DECE
(1. 300) BATO WELL OF MARCON OF SOLVEDO	SECURITY NO.	SHNO	Mahring anguitable	(633
18. 776 X	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIRECT	LY			ONSET AND DEAT
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e. g., (A) Pour lease, eath.) OUE TO	ematurity		
ANTECEDENT CAUSES				
Z DISEASES OF CONDITIONS IT AND TO	(B)		***************************************	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE OUE TO			
O	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS		,		
IN TRIBUTING TO THE DEATH, BUT NOT REL	ATED			
TO THE DISEASE OR CONDITION CAUSING	G IT			
	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hos	PLACE OF INJURY (e. g., in me, farm, factory, atreet, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUP2	
OF INJURY	WHILE AT   NOT WHILE	T I I I I I I I I I I I I I I I I I I I	OCCORT	
m.	T WORK -	5-1 1050 1		
deceased alive on 10 -1 19 5		, 1300, 10_1	0 - 1 , 19 <i>50</i> , tl	hat I last saw th
23A. SIGNATURE	Q and that death occur	On ADDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	e causes and on the d	ate stated above
Henry m. Seide	P M. O.	SB. ADDRESSING ASPKINS	ave ital.	3C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETER	Y OR CREMATORY 24D. LC	CATION (City, town, or e	
	Des	broned B	in ofto	late
DATE RECEIVED BY REGISTRAR'S SIGNA	THEFICE CONTENTS	25. FUNERAL DIRECTOR	C) VAD	DRESS

159.0

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

REGISTRAR'S SIGNATURE



### BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE ('Type or Print) Michael SHUMSKI Oct. 8, 1950 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Lutheran Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 40 uno Mos. 4012 Batemen St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours Min. WIDOWED, DIVORCED (Specify) Male White Didowed 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MAKEN rocket 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 217-24-062 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Fracture of skull and intracranial LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, hemorrhage injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING I OR CONTRIB. UTING | CAUSE OF DEATH. About 4014 Batemen St. vard of home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE Fell striking head against stone building WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... WYM.D. MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) SALIO DATE RECEIVED B 25. FUNERAL

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	.,0 0120		RTIFICATI			Registere	l No	NAME OF THE OWNER, OWNE
BIRTH NO.								
1. NAME OF (Type or Print		Glean	Hampt	5		OF OCT	t. 10, 19.	50
	City, Maryland			4. USUAL RESID	DENCE (Whe		If institution: resi	
B. FULL NAM HOSPITAL OF		al or institution,	give street address or location)	C. CITY OF TOW	9 <i>ND</i> . N (If ou	tside corporate lin	nits, write RURAL	
		MORIAL		BALTIMO	RE	15 mg 191		ownship)
ength of	stay in Baltimore	LIFE	Yrs. Mos. Days	4540 KE		0		
X	6. COLOR OR RACE		ARRIED, DIVORCED (Specify)	8. DATE OF BIRT		AGE (in years	If Under   Year   If Un Months Days Hou	der 24 Hours
MALE 10A. USUAL O	DCCUPATION (Give kind of	SINGL	BUSINESS OR	DEC 8 /9	939	10	0 0	
work done during mo	et of working life, even if retired)	TOB. KIND OF	INDUSTRY			ign country)	12. CITIZEN C	
13. FATHER'S	NAME			MARY LAN	AIDEN NAM	E	4.5.	
	ELL G. HA	MPT		MARGARE				
15. WAS DECEA	SED EVER IN U. S. ARMEI	FORCES?   16	SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
~			-	PUSSELL G	. HAMP	T- 4540 1	KESWICK .	RD.
18.	1 4	74×	CAUSE	OF DEATH			INTERVAL !	
	ASE OR CONDITION LEADING TO DEA- es not mean the mode of	TH	Seh	ties :				
heart fa:	ilure, asthenia, etc. It mea or complication which c	ns the disease.	DUE TO		<b></b>	•••••		
	ANTECEDENT CAUS		4	0. 1 +			(0	ver)
Z O DISEAS			(B) Cars	Unders	min	ed	_	
RISE TO	ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	STATING THE	DUE TO					
0		31,	(C)	***************************************	• • • • • • • • • • • • • • • • • • • •	***************************************		
C OTHER	11							
₩ TRIBUTII	SIGNIFICANT CONDI NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED						
			IDINGS OF OPER	ATION			20. AUTO	OPSY1/
21A. ACC.	7				scharz i		YES	No [
W CAUSE OF	DENT WAS UNDER. OR CONTRIBUTING	21B. PLACE about home, farm, f	OF INJURY (e. g., in actory, street, office bldg., e	2 1c. WHERE I		n Baltimore City	, give exact locat	ion)
21D. TIME OF INJUR	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRE	D 21F, HOW DIE	D INJURY C	CCUR?		
OF INJUR	*	m. WHILE						
2. I here	by certify that I att	ended the dec	eased from Oc	t. 10, 195	a to Oca	F. 10, 19	50, that I last	saw the
deceased	alive on Oct. 10,	, 1950 and	that death occur	red at 10 a.m	., from the	causes and on	the date stated	l above.
23A. 9/GN	TURE Bea	h	1	38. ADDRESS	ine	chas to	23C. DATE	IGNED
24A. BURIAL,		24c.	NAME OF CEMETER	RY OR CREMATORY	240 LOC	ATION (City, tow	n, or county)	(State)
Gurial	6J 13/	50 8	maris	Showender	Nolas	A. Tere	Bello 1	ved .
DATE RECEIV		SIGNATURE	. 9/1	25. FUNERAL DIE	REGTOR		ADDRESS	
- nrT 1 1	1950 tinto	vator Hill	and in	estero 6. L	onova	W-38181	Poland le	we
U ws 150		6	A Company			/	10/-	
							1000	-

results he and and last

please and mediastinitis, "etc

1/8/1951 - E. Steman

1	C 33564	50 87	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	Registered No.	8711
1. N (Typ	AME OF De or Print)	Richard J	oyce		2. DATE Oct. 9	, 1950
. D	LACE OF D altimore ( JLL NAME PITAL OR TITUTION	City, Maryland	al or institution, give street addres ty Hospitals locati			before admission)
5.3		tay in Baltimore  6.COLOR OR RACE White	15 Yrs. Mo	D. STREET ADDRESS (If 808. 801 S. Bond 8. DATE OF BIRTH	rural, give location)  St. 347 Spr.  9. AGE (In years)   Under last birthday)   Month	er I Year   If Under 24 Hours
10A. work do	USUAL OC	CUPATION (Give kind of of working life, even if retired)  OT  NAME	108. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or form of the Maryland 14. MOTHER'S MAIDEN N	AME	. CITIZEN OF WHAT COUNTRY
15. ¹ (Yes, n	WAS DECEASE no or unknown)	Frank Joyce  ED EVER IN U. S. ARMEE  (If yes, give war or date)	) FORCES? 16. SOCIAL SECURITY NO	Bertha Sheppi	ADDI	RESS
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	DIRECTLY I'H f dying, e. g., ns the disease, aused death.) OUE TO  SES  (B)	e of DEATH  monary Tuberculosis	5	INTERVAL BETWEEN ONSET AND GEATH  1 Year
U _	TRIBUTING	IGNIFICANT CONDITION TO THE OBATH, BUT ISEASE OR CONDITION TO PERATION 1	NOT RELATEO	 PERATION		20. AUTOPSY7
		ENT WAS UNDER . CONTRIBUTING	218. PLACE OF INJURY (e. about home, farm, factory, street, office bl		If in Baltimore City, give	YES NO X exact location)
2 2	OF INJURY	Month) (Day) (Year)	m. WHILE AT NOT WH	IILE RK	Y OCCUR?	
0	22. I hereb leceased al 23A. SIGNAT	ive on UCL. 9	ended the deccased from 1, 1950, and that death oc	Nov. 18 , 1949, to 0 curred at 2:30 AM, from t 238. ADDRESS 4940 Eastern Aven	2	hat I last saw the date stated above 23c. DATE SIGNED 10-9-50
DAT	BURIAL, C. REMOVAL (S. BUTIAL E RECEIVE AL REGIST	Oct. 11	7050 H-7 . D-3-		OCATION (City, town, or C) Belair Rd.E	County) (State)  Balt.Md.  DDRESS
OCT	T 15 15 19 5	50	583	4=	6	5136

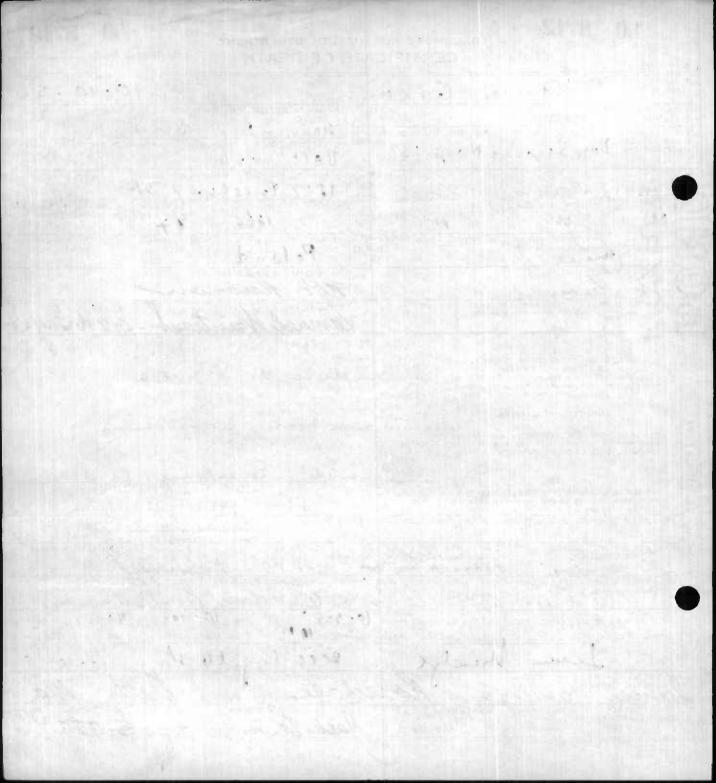
personal first agent 114-18-583

Surfed Store. At the least makes or seems, the late is not a later. Store is a later or seems of the later of

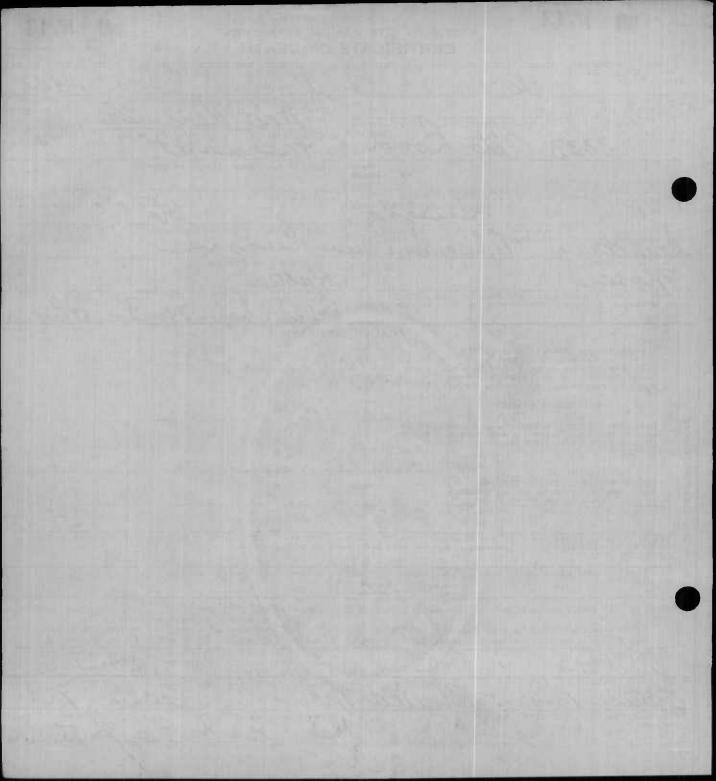
N 803.0

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Samue OF 0-10-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) E. U. 17 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ADDRESS (If rural, give location Yrs. ength of stay in Baltimore . 25 bun Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) II Under 1 Year WIDOWED, DIVORCED (Specify) la poirthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? hos 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME suowu 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or ppkpown) (If yes, give war or dates of service) SECURITY NO 02.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED William G. Helfrich TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION OHIE OR ASST, MENICAL EXA 218. PLACE OF NJURY (e. g., in or about home, (arm accor), and of the block, etc.) 21A, ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) INJURY PCCUR? FAG Bors accident 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK 19. 22. I hereby certify that I attended the deceased from. and that death occurred at 19 m., from the causes and on the date stated above. deceased alive on 238 ADDRESS 23A SIGNATURE 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (Con, town, or county) BURIAL, CREMA-REMOVAL (Sprify UNERAL DIRECTOR ADDRESS DATE RECEIVED BY 25. REGISTRAR'S SIGNATURE LOCAL REGISTRAR bounded / / / / / Miguela Mile V\$ 150



-	3	50.0		V 50	(344)					
		BALTIMORE CITY H	EALTH DEPARTMENT	7 30	0/15					
	101	CERTIFICATE OF DEATH Registered No.								
П	_	NAME OF DECEASED	# 1	12. DATE						
		ype or Print)	vod man	OF DEATH	0,1900					
	3.	PLACE OF DEATH:	4. USUAL RESIDENCE	here deceased lived. If ins	stitution: residence					
	_	Baltimore City, Maryland	A. STATE //	PREMIUNA	before admission)					
		FULL NAME OF (If not in hospital or institution, grastreet address of SPITAL OR location		outside corporate limits,	vrite RIIRAL and give					
	IN	STITUTION 3333 (1) TO COOL	Fairme	( ) -	township)					
۲.	13	2000	0000000	rural, give location)						
101		Length of stay in Baltimore 7 Days		, , , , , , , , , , , , , , , , , , , ,						
105		SEX 6.COLOR OR RACE 7. SINGLE, MARKIED.	8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year   If Under 24 Hours					
7		WIDOWED, DIVORCED (Specify		last birthday) Month	hs Days Hours Min.					
2	10	A USUAL OCCUPATION (Give kind of 108, MIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   1:	CITIZEN OF					
7 77		Aone during most of working life, even if retired			WHAT COUNTRY					
Para	1	FATHER'S NAME	M MOTHER'S MAIREM N	No.						
3	13	MA a a a 1 1	14. MOTHER'S MAIDEN NAME							
Ca		Mosec	Syance							
7	(Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL. s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 NFORMANT	ZADE	DRESS					
2			Marke Chor	- 2402500	estlark la					
causes		18. 420.1 /CAUSE	OF DEATH	1	ONSET AND DEATH					
		DISEASE OR CONDITION DIRECTLY	A							
am		(This does not mean the mode of dying, e.g., (A)	mary Occi	riscor						
9		heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUE TO								
777										
1)		ANTECEDENT CAUSES								
pieas	Z	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
1	Ĕ	UNDERLYING CONDITION LAST.								
Sicians.	FICA	(C)								
101	F									
72	L	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
	CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?					
		100. DATE OF OFERNATION			YES NO					
por cant.	CAL	214. EXTERNAL CAUSE WAS   218. PLACE OF INJURY (e.g.,		f in Baltimore City, give	e exact location)					
71 6		PRIMARY OR CONTRIBUTING about home, farm, factory, street, office hidg.	.etc.) INJURY OCCUR?							
od I	A	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F. HOW DID INJURY	OCCUR?						
		OF INJURY WHILE AT NOT WHILE	/							
	m.   WORK   AT WORK									
172	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry									
nadea		the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sta								
27		and death in my opinion resulted from natural causes A, accident , suicide , homicide , un								
_		IN VICINI I DECL.	ASSISTANT MEDICAL I	EXAMINER	DATE SIGNED					
20,000	24	A BURIAL CREMA-1 24B DATE 24C NAME OF CEMET	M.D.   MEDICAL INVESTIGAT	OCATION City, town, or						
3	TIS	MAREMOVAL (Specify)	Dekrace	Gratta	Ma					
correct	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL PRECTOR	1	6bress					
5		OCAL REGISTRAR	8/16/10-	Dea 71- 7	to Po					
	-	ICT 1 19501 to the for Williams, Mrs.	ruce rewrit	ME aloose	rumu X					
	VS	151	-	V	94a					

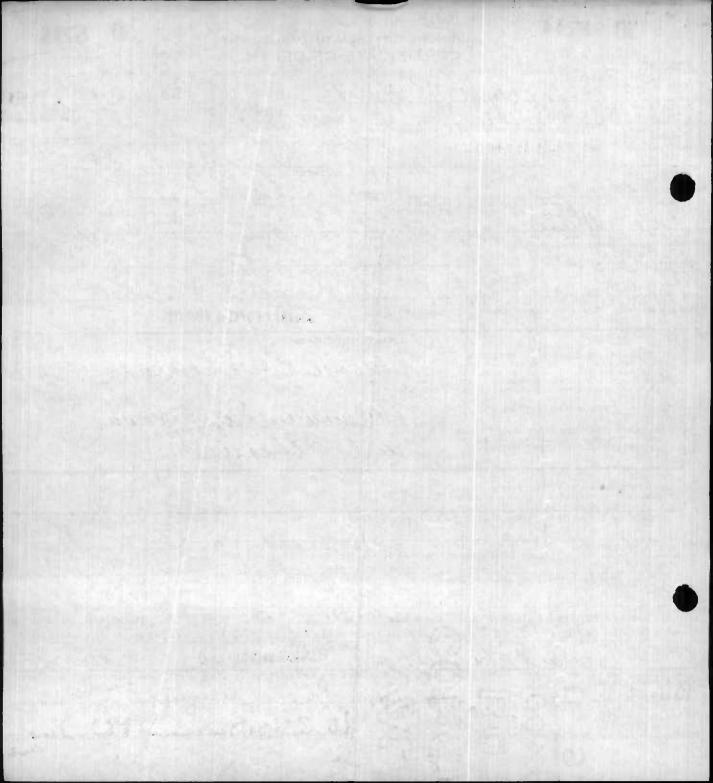


160 50 8714

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO. CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED	2. DATE (2. D.						
(Type or Print)	V OF DEATH ( Let 10, 1950						
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution : residence						
B. FULL NAME OF (If not in hospital or anstitution, give street address of	A. STATE B. COUNTY before admission)						
HOSPITAL OR location							
INSTITUTION WHIS ROPKINS HUSTINAL	(if oddsace corporate mints, write RORAL and give						
Yrs.	D. STREET ADDRESS (If rural, give location)						
Mos.	120112 5000						
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours						
Male White WIDOWED, DIVORCED (Specify	8-3-9 last birthday) Months Days Hours Min.						
IOA. USUAL OCCUPATION (Give kind of the control of	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
LABORTA STEEL MILL	Pa WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Keelers	Margaret Prital att						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS						
(1 yes, give war or dates of service) SECURITY NO.	HOMES ROPKINS HOSPITAL						
18. 12.11.2 CAUSE	OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g., (A)	rue (Or refugue on 5/ 411						
heart failure, asthenia, etc. It means the disease.							
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	wow and sun hamound.						
DISEASES OR CONDITIONS, IF ANY, GIVING							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	o Helisaio (						
U C) and	. Oraques						
OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?						
V)	YES NO						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) LYING DEATH CAUSE OF DEATH							
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
F INJURY WHILE AT NOT WHILE							
22. I hereby certify that I attended the deceased from $9-2/-$ , $1950$ , to $10-10-$ , $19-10-$ , that I is deceased alive on $10-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19-10-$ , $19$							
Hound Juples J.	23c. DATE SIGNED						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)						
TIAN, REMOVAL (Specify)	P 00						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 19						
LOCAL REGISTRAR	25.7012 10 25.3						
OCT 1950 Tutuston / Missile, Mill	Marcand J. William Zamonton						
VS 150	1 and						
7703	0950						



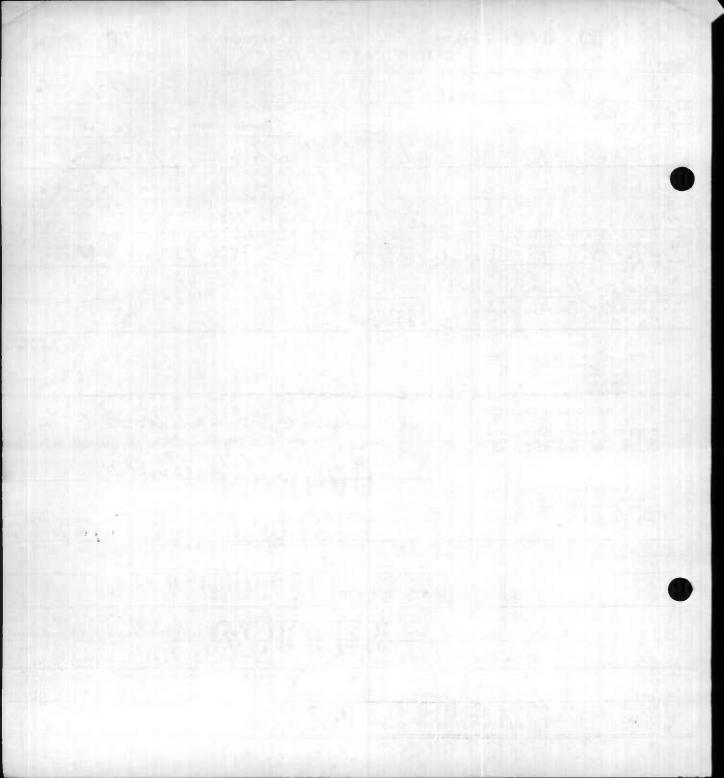
### BALTIMORE CITY HEALTH DEPARTMENT

50 8715

BI	RTH NO.			CERTIFICAT	TE OF DEATH	Registered 1	NO	
	1. NAME OF DECEASED   2. DATE							
	ype or Print)	FL	ETCH.	EZ, VOSE	FPH	OF DEATH 9	007.1950	
	S. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution: residence before admission)	
The second	FULL NAME OF (If not in hospital or institution, give street address or					B. COOKIT	before admission)	
HO	HOSPITAL OR location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
4	NSTITUTION LOTHERAN HOSP. OF MD.				BALTIMORE 24-01 townships			
				Yrs.	D. STREET ADDRESS (If rural, give location)			
	Length of s	tay in Baltimore		Mos. Days	1457 ANDRE ST.			
5.	SEX	6. COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In years last hirthday) Me	Il Under I Year   Il Under 24 Hours onths: Days   Hours: Min.	
	m	W		5	MAV14/1400	50	Days Hours Mill.	
10 work	A. USUAL OC	CUPATION (Give kind of working life even if retired	1 IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	
Work done during most of working life, even if retired)  LAROREO NORTH				JORE	VA.		WHAT COUNTRY	
13	FATHER'S	VAME	, ,		14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME		
1 /	EDINA	RD FLE	40. 41	~ 0	MARN EM	11/6 1//		
15	. WAS DECEASE	DEVER IN U. S. ARME	D FORCES?	16. SOCIAL	17 INFORMANT	VENS.	DDRESS_	
(Yee	, no or unknown)	(If yes, give war or dat	es of service)	212-14-0/09	to an ent	The strand was	1457	
	710				1 / AMES F	46100111K	INTERVAL BETWEEN	
	18. 24	0.1		CAUSE	OF DEATH		ONSET AND DEATH	
	DISEAS	LEADING TO DEA		0 0	COA	4. 0		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
		complication which						
	ANTECEDENT CAUSES							
Z	Z (B) GASTRIC ULCER							
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
FICA	UNDERLYING CONDITION LAST.							
臣				(C)	***************************************			
RT	OTHER SIGNIFICANT CONDITIONS CON-							
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED PER FOR MED GOTTON							
	19a. DATE OF OPERATION # 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
AL	22	SETT.	Pe	TRFORATED	GASTRIC ULCE	R	YES NO	
EDIC		NT. SUICIDE,		ACE OF INJURY (e. g.		(If in Baltimore City,	give exact location)	
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F, HOW DID INJU	JRY OCCUR?		
	FINJURY			WHILE AT NOT WHIL				
	m.   work   AT WORK   1000   COST   1000   C							
	22. I hereby certify that I attended the deceased from 22 SETT., 1980, to 9007, 1980, that I last saw the deceased alive on 9007, 1950, and that death occurred at 220 Pm., from the causes and on the date stated above.							
	23A. SIGNA			ana that aeath occi	23B. ADDRESS	n the causes and on t	23c. DATE SIGNED	
	201.0.011	Ja. 14	1	ailman	Tariba-	11/	9120	
24	BUDIAL C	- Allender		D. D.			100	
TIO	A. BURIAL, C	BEMA- 248. DATE		24c. NAME OF CEMET	ERY OR CREMATORY   240	. LOCATION (Cite, town	or county) (State)	
1-4	N. REMOVAL (S	pecify)	120				, or county) (State)	
II LIA	N. REMOVAL (S	Decity) 10-12-	50	LOUDON PA	BK CEMETARY	BALTO		
	N. REMOVAL (S WALPL ATE RECEIVED CAL REGIST	D BY REGISTRAR	120	LOUDON PA		BALTO	ADDRESS	
	N. REMOVAL (S WALPL ATE RECEIVED CAL REGIST	D BY   REGISTRAR	50	LOUDON PA	BK CEMETARY	BALTO		

OS ALLAW James + Court Felicher

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF OECEASED 2. OATE (Type or Print) OF 10/7/10 nes 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland before admission) Wallimor May land B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Assort to more D. STREET AODRESS (If rural, give location) Yrs. Mos. Mystle Hue, 1 Balto Ma Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year I Under 24 Hours I Months Days Hours Min. 11 Married IOA. USUAL OCCUPATION (Givekind of 10B. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) J2. CITIZEN OF ork done during most of working life, even if retired) UWHAT FOUNTR' all. May land 13 PATHER'S NAME Geor Mes Hue 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. 8-07-5249 Louise Ames (W) 409 Myrtle 18. 002 X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ostevny elistis of right elle 11 . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO 21F. HOW DIO INJURY OCCUR? F INJURY WHILE AT 22. I hereby certify that I attended the deceased from lo-3-, 19 1,0 to 10 7, that I last saw the deceased alive on 16 - 7 - . 19 Fo, and that death occurred at & VI fm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Azistomene Micolas 24A, BURIAL, CREMA- 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial OATE RECEIVED BY Kingsville, Hartfod County 10/12/50 Mountain Cemetery REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADORESS LOCAL REGISTRAR 512 N. Carrollton Ave VS 150



#### 50 8717 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

В	IRTH NO.			OLIVIII IOM	E OF BEATTI			
	NAME OF D	GEORGE THO	MAS PE	TTUS		2. DATE OF DEATH	tober 9	, 1950
Α.	PLACE OF D Baltimore (	City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE (V A. STATE Md.		if institution before	; residence ore admission)
H	OSPITAL OR ISTITUTION	US Marine I Wyman Pk. Dr:	dospita	location)	c. CITY OR TOWN (If Baltimor	All ser. The ser	its write RU	RAL and give township)
		tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (IF 2834 Winwood	rural, give location) od Court		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Married				8. DATE OF BIRTH 2/5/24	9. AGE (In years) last birthday)	If Under 1 Year Ionths Days	Hours Min.	
10A. USUAL OCCUPATION (Givekindof) work done during most of working life, even if retired)  Student			11. BIRTHPLACE (State or for	orcign country)	USA USA	EN OF COUNTRY		
		Pettus			14. MOTHER'S MAIDEN N. Virginia ?	AME		
(Ye	S. WAS DECEAS m, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date WW 2	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US 1		tal, Ba	lto,Md.
ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES				gkin's disease wi liver, spleen, ve	th involvementebrae	10	AND DEATH
L	TO THE D	TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING I		RATION		1	AUTOPSY?
MEDICA								
	while AT WORK  22. I hereby certify that I attended the deceased from July 24 , 1950, to Oct. 9 , 1950, that I last saw the deceased alive on Oct. 9 , 1950, and that death occurred at 5:20P m., from the causes and on the date stated above 23A. SIGNATURE  John L. Wilson, Medical Director M. D. IS Marine Hospital Balto Md. 10/10/50							
TI	24A. BURIAL, CREMA- 24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  (State)  10/13/1950  Battings  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR  VS 150  VS 150							

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#### BALTIMORE CITY HEALTH DEPARTMENT

.50 8718

BI	BIRTH NO. CERTIFICATE OF DEATH Registered No.						
1. (T:	1. NAME OF DECEASED (Type or Print) JOHN F. APPELL 2. DATE OF DEATH OCT. 9. 1950						
A.	PLACE OF DEATH: Baltimore City, Maryland BALTo, MP  FULL NAME OF (If not in hospital or institution, give street address o	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)					
HC	SEPITAL OR STITUTION E. 28 = H.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	Yrs.	D. STREET ADDRESS (If rural give location)					
-	Length of stay in Baltimore LIETINIE Mos. Days	1300 E. 28 = 51.					
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH  9. AGE (In years li Under 1 Year Months: Days Hours Min.					
10	The state of the s	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
WOIL	doneduring most of working life, even if retired)  CONTRACTOR  D.WA BUSINESS	BALTO. MO WHAT COUNTRY?					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
15	FEOR GE HPPELL	MARY F. HUFNAGLE					
(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? DO OF DEBLOOM)  (If yes, give war or dates of service)  NO  16. SOCIAL SECURITY NO.	MRS. MARY E. APPELL (SAME)					
	700.0	of DEATH  VIOSC/erotic Heart Disesse					
	ANTECEDENT CAUSES						
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
ERTIFI	[[ (c)						
田田	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
0	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OPERATION   19B.	RATION   20. AUTOPSY?					
A		YES NO					
1EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.						
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	ED 21F. HOW DID INJURY OCCUR?					
	m. WHILE AT NOT WHILE AT WORK AT WORK						
	7.4.4	4. 3, 1950 to 0 4 9 , 1950 that I last saw the					
	deceased alive on , 19 , and that death occu	rred at 6 A.m., from the eauses and on the date stated above.					
	William M.D.	18. Chose Lo. 10-10-50					
24 TIO	A. BURIAL, CREMA- 10-13-1950 NEW CATH						
	TE RECEIVED BY REGISTRAR'S SIGNATURES	26. EUNERAL DIRECTOR ADDRESS  Politico Sontalio 23 43 HARFORD RD.					
-	VC 150						

VS 150

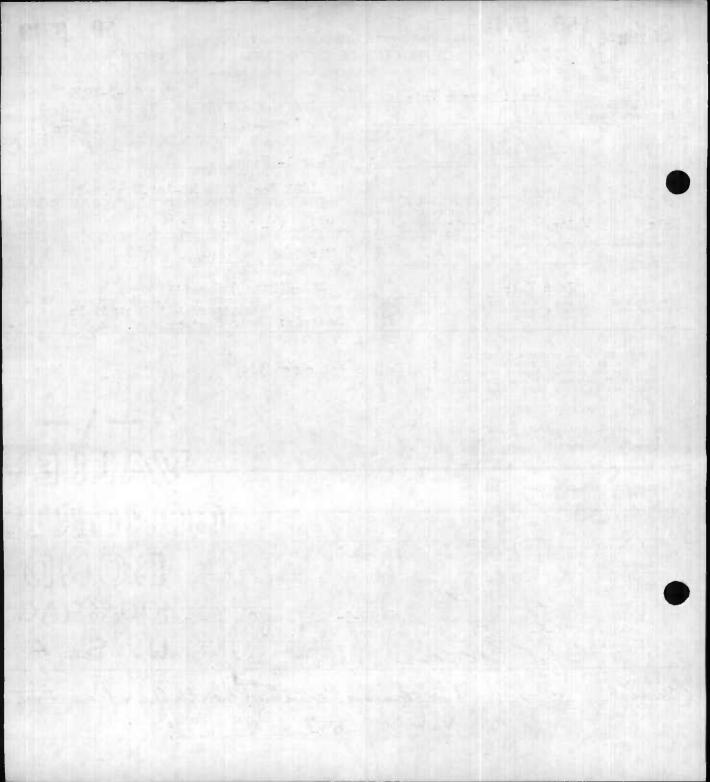
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SOHN F. ALPK 45.00 100 G 1811 MARKAGE THE K. S. A. SECTION L. DETERMINE AMIT IN THE SECOND SECO Al son Ellis White MARCELL CONTRACTOR STORY A SOLD TO MAKE THE BEST THE WAR E MADE A COLOR THE PROPERTY WITH THE PROPERTY OF THE PARTY THE RESIDENCE AND A SECOND SEC

Registered No.  1. NAME OF DECEASED (Type or Print)  Robert Carson Volz  Robert Carson Volz	19			
Kohert Coreon Vole				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital  4. USUAL RESIDENCE (Where deceased lived. If institution: reside a State Maryland Baltimore  City Hospital  City Hospital  4. USUAL RESIDENCE (Where deceased lived. If institution: reside as COUNTY before admits a STATE Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL as Town County Cou	mission			
Male White Single March 13-1945 5 Hours of March 13-1945 6 Hours of Mar	F			
13. FATHER'S NAME  John Volz  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO SECU	Maryland, Baltimore  14. Mother's Maiden NAME  Eleen(Ellen) Cassell  17. INFORMANTBaltimore City Hosppess			
Records: 4940 Eastern Ave.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  RECORDS: 4940 Eastern Ave.  CAUSE OF DEATH  (A) Bulbar Polionyelitis  5 days  DUE TO  (B)  DUE TO  (C)	DEATH			
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in Baltimore City, give exact location	NO X			
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)  The street office bidg., etc.)  21F. HOW DID INJURY OCCUR?  WHILE AT WORK  M. WORK AT WORK				

, 1950, to 10-8-, 1950, that I last saw the I hereby certify that I attended the deceased from 10-5-1950 deceased alive on_ and that death occurred at_ 1.20AM, from the causes and on the date stated above. 23A. SIGNATURE 23c. BATE SIGNED City Hospitals 24A. BURIAL, CREMA-TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24B. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland B FULL NAME OF I f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OF INSTITUTION

ength of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of)

work done during moute (working life, even if retired)

late Aaron Horwitz

420.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

248. DATE

10-12-50

REGISTRAR'S SIGNATURE

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

OF INJURY

23A. SIGNATURE

24A. BURIAL. CREMA TION, REMOVAL (Specify

DATE RECEIVED BY

VS 151

LOCAL REGISTRAR

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21D. TIME (Month) (Day) (Year) (Hour)

13. FATHER'S NAME

(Yes, no or unknown)

6. COLOR OR RACE

5. SEX

50 Yrs

SINGLE MARRIED

16. SOCIAL

DUE TO

(B)

THE TO

WHILE AT

WORK

Married

Registered No.

(If outside corporate limits, write RURAL and give

before admission)

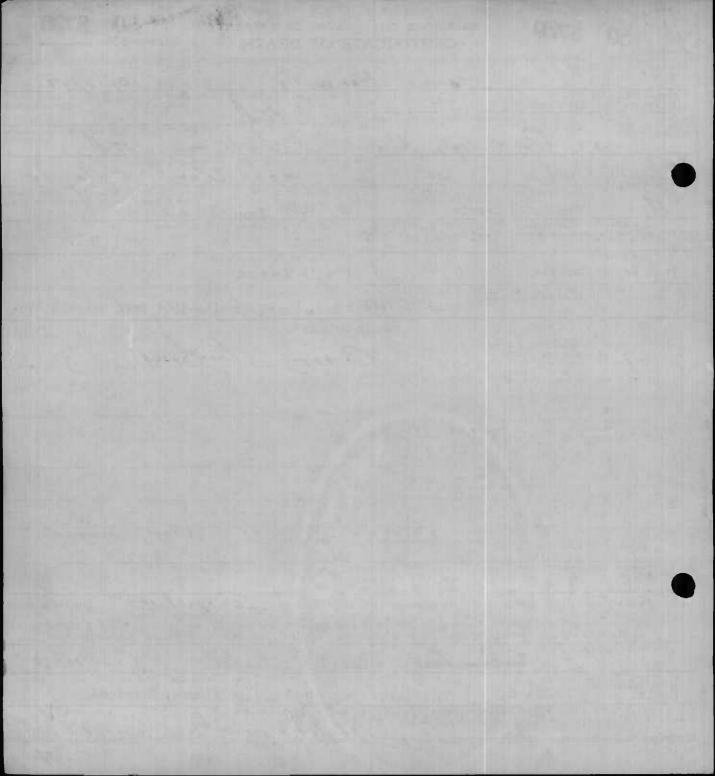
2. DATE

QF DEATH

B. COUNTY

8

township) D. STREET ADDRESS (If rund, give location) Mos. 4501 Davs 8. DATE OF BIRTH 4 Under 1 Year AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. 1898 12 Tune 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF USA- COUNTRY! Taxi-cab(FleetweyfY Russia 14. MOTHER'S MAIDEN NAME Ella Myerson 17. INFORMANT ADDRESS 219-03-7743 Mrs. Pearl Horwitz-4501 Park Heights Ave. NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK Autopsy, Inspection or Inquiry 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses 🖳 accident 🖂, suicide 🖂, homicide 🖂, undetermined 🔂. 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 50 MEDICAL INVESTIGATOR ... 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baldimore, Maryland Ohel Yakov Congregation, 125 FUNES ADDRESS Lute you Willia Est, UM



BIRTH NO	50	8721	ВА		EALTH DEPARTMENT E OF DEATH	Registered	No.
1. NAME (Type or I			IPODODE	TONT		2. DATE OF	
3. PLACE			HEODORE	JONE	4. USUAL RESIDENCE (W	DEATH UCTO	
B. FULL N HOSPITAL INSTITUT	NAME (			tion, give street address or location)	Maryland		its, write RURAL and giv
engtl 5. SEX		ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 593 Orchard	d Street	
Male		Colored		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		ti Under 1 Year   It Under 24 Hours onths Days   Hours Min
work doneduri	orer			of Business or INDUSTRY acting Co	11. BIRTHPLACE (State or fo	7111	12. CITIZEN OF WHAT COUNTRY
		Jones			Laura E. Foster		
15. WAS D (You, no or un UNKNO	known)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Hen Jarnes-Williams	derson, N. S	PODRESS Home
V DIS RIST UN OTHER TRIEST TRI	is does rt fallur rt fallur ry or  SEASES E TO TH DERLY  HER SI BUTING	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which  ANTECEDENT CAUS  OR CONDITIONS, 1 HE ABDVE CAUSE (A) ING CONDITION LA  ING CONDITION LA  ING CONDITION LA  ING CONDITION LA  ING CONDITION CAUSE SEASE OR CONDITION SEASE OR CONDITION SEASE OR CONDITION	TH of dying, e. uns the disea caused deat SES F ANY, GIVII STATING T ST. ITIONS CO NDT RELAT	Statu:  Statu:			INTERVAL BETWEE
0 19A. D 21A. E UNDEF	XTERN	OPERATION 1  AL CAUSE WAS  OR CONTRIB- AUSE OF DEATH.	21B. PL	FINDINGS OF OPER ACE OF INJURY (e. g., is farm, factory, street, office bldg., c	n or   21c. WHERE DID (II	in Baltimore City,	20. AUTOPSY? YES X ND ( give exact location)
Ш	IME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		OCCUR?	
22. I	certif	y that I took char	ge of the	remains described a	bove, held an Auto	psy	_ thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR .... 23c. DATE SIGNED

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. HATE

24c. NAME OF CEMETERY OR CREMATORY

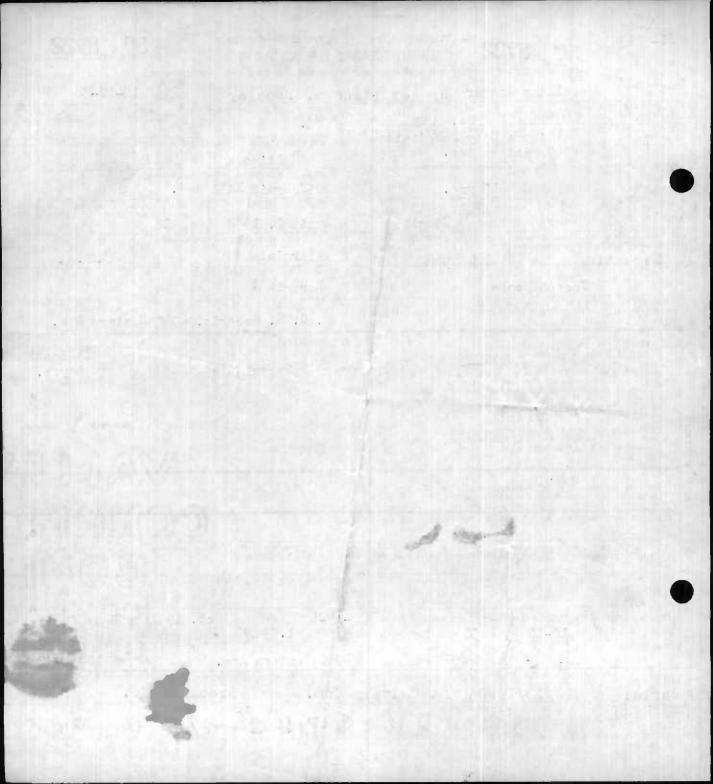
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/12/50 Removal DATE RECEIVED BY LOCAL REGISTRAR

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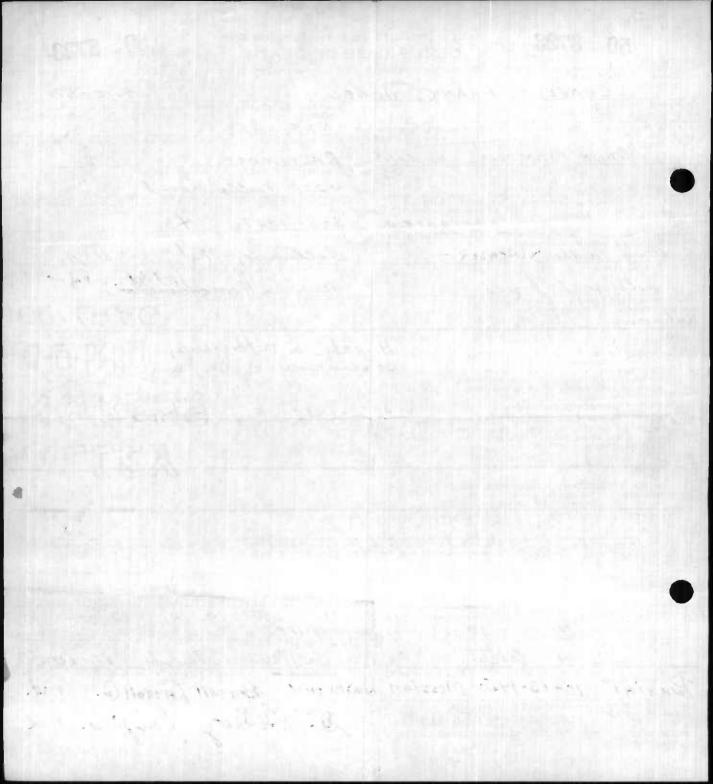
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11-52	0	
	50	3725
BIRTH NO.		
1. NAME O	F DECE	ASED

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) CHARLES FRANK JON	
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	MARYLAND
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
UNION MEMORIAL HOSPITAL	BALTIMORE 27-15 township)
43 Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore  Mos. Days	
5. SEX   6. COLOR DR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (in years) ff Under 1 Year   If Under 24 Hours
MIDOWED, DIVORCED (Specify	3-5-1907 Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	
ork done during most of working life, even if retired) INDUSTR	YI WHAT COUNTRY?
Cutting Mills Wenver -	Baltimere, Mid USA.
13. FATHERYS NAME	14. MOTHER'S MAIDEN NAME
lindrew f. Jones	Helena Henchman
15. WAS DECEASED EVER N U. S. ARMED FORCES?   16. SOCIAL Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
(11 yes, give war or dates of service) SECURITY NO.	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH sufficiency cinoma of the lung
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
	YES NO L
21a. ACCIDENT WAS UNDER. LYING☐ OR CONTRIBUTING☐ about home, ferm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
m.   WORK L. AT WORK	
	- 11, 1950, to 10 -10, 1950, that I last saw the
deceased alive on 18-10, 19 50, and that death occu	erred at 5:15 Pm., from the causes and on the date stated above.
1 1 1 1 1	23B. ADDRESS 23C. DATE SIGNED
Trancis H. Wall M.D.	Muin Murrial Hosp. 10-1050
244. BURIAL CREMA- 24B. DATE DORREMOVAL (Specify) 10-13-1950 Messiah WI	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Den field. Mid
VS 150	1=



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#### BALTIMORE CITY HEALTH DEPARTMENT

.50 8724

В	RTH NO.	50 8724		CERTIFI	CATE	E OF DEATH	Registere	d No.	
I. NAME OF DECEASED							2. DATE		
(T	ype or Print)	Willia	m Micha	el Gould	. Sr.		OF DEATH	ct. 9. 1	950
	PLACE OF D	City, Maryland				4. USUAL RESIDENCE	Where deceased lived B. COUNTY		residence ore admission)
В.	FULL NAME		tal or institut			Maryland			
	STIXUTION				location)	c. CITY OR TOWN	If outside corporate la	imits, write RU	JRAL and give township)
		St. Jo	seph's			Baltimore		-1) of	,
			20	*****	Yrs. Mos.	D. STREET ADDRESS ()			
		tay in Baltimore		YTS	Days	8. DATE OF BIRTH	altimore St	K linder 1 Year	H IIndas 24 Noure
٥.	321	O. COLOR OR RACE	WIDOV	VED, DIVORCED	(Specify)		9. AGE (In years last birthday)	Months Days	Hours Min.
10	A USUAL OC	CCUPATION (Give Lindo)		rried O OF BUSINES	S OP	May 30, 1876	foreign country)	1 12 61717	TENLOS.
	doneduring most	of working life, even if retired)		INI	DUSTRY			12. CITIZ	T COUNTRY?
13	FATHER'S		Be th	lehem Ste	eel	Pennsylva 14. MOTHER'S MAIDEN		USA	
		m Gould			RAIL.	Sabina Wel			
		ED EVER IN U. S. ARME	D FORCES	I 16. SOCIAL					
(Ye	no or unknown)	(If yes, give war or date	es of service)	213-09-	3520	-A Mrs. Eller	740 E. Bal n N. Gould	Laderes S	56.
	18. 181	OX		C	AUSE	OF DEATH			VAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	1	. +	- 4.			T AND DEATH
	(This doe	LEADING TO DEA	TH of dying, e.	g., (A)	Pllo	astatic car	cuma		
	heart fail	ure, asthenia, etc. It mer complication which	ans the diseas	Be,	huss	emestron	a lek	7	
		ANTECEDENT CAU			00		, 7		
z		ANTECEDENT CAU	SES	(B)					
임		S OR CONDITIONS, THE ABOVE CAUSE (A)							
A		YING CONDITION L							
F				(C)					
ERTIFICATION	OTHER :	II SIGNIFICANT COND	ITIONS CO	N -					
CE	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ŁD		*******			
				FINDINGS O	F OPER	ATION		20.	AUTOPSY?
Y.					4491			YES	И МО
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJUR farm, factory, atreet, c			(If in Baltimore Cit	y, give exact	location)
ME									
	F INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY C		ED 21F, HOW DID INJUI	RY OCCUR?		
			m.		AT WORK				
	22. I herel	by certify that I at	tended the	deceased from	mSept	ember 3, 1950, to00	tober 9, ,1	9.50 that I	last saw the
					th occur	red at5:45 pm., from	the causes and o	n the date si	tated above.
	234 S/SNA	TURE	win	ck.	2	3B. ADDRESS		23c. DA	ATE SIGNED
	muc		1000		M. D.	1100 N. Carolir RY OR CREMATORY 24D.	LOCATION (City, to	Oct.	9, 1950 (State)
TIC		CREMA- 248. DATE Specify)				DISCHARISTING PURE			(State)
-	buri:			New Cath	eara	1 Cem. Dal	timore, Mo	- ADDRES	c
DATE RECEIVED BY REGISTRAR'S SIGNATURE HONAY SANDER & SONE, INC. ADDRESS							/		
=		950	1 11	History H	7	BALTO., 13, M	- Decy	1/da	when_
	UV\$ 150	TO THE PARTY OF TH	16	Marie Ma		4	0	1 / 2	a
				690	51	7	ASSESSED FOR	04	

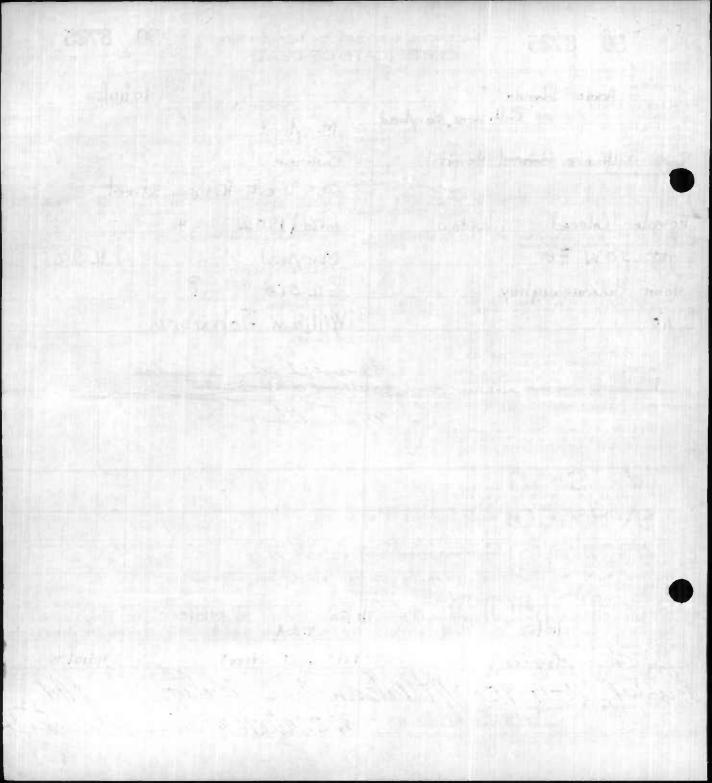
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No.

_E	IRTH NO.	E OF DEATH	organization and the state of t
	NAME OF DECEASED Type or Print)	2. DA O DE	
_A	PLACE OF DEATH: Baltimore City, Maryland Baltimore Karyland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where dec	
HII	OSPITAL OR Incation)		corporate limits, write RURAL and give
	ongth of stay in Politimens Mos.	D. STREET ADDRESS (If rural, give	01 +
	Days  SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	last	birthday) Months Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  INDUSTRY	11. BIRTHPLACE (State or foreign con	
1	FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	u.s.q.
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL M. no gr unkoown)   SECURITY NO	Susie!	ADDRESS
_	No	William Johns	ON INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	rerolziel pelie lageno	ONSET AND DEATH
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	norm of Cervit reteri	**************************************
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	elnutition	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)		
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		
DICAL	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in		YES NO timore City, give exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	bb.) INJURY OCCUR?	
	210. TIME (Month) (Day) (Year) (Hour)  FINJURY  MILE AT NOT WHILE AT WORK  AT WORK		R7
	22. I hereby certify that I attended the deceased from 711 deceased alive on 1010 50, 19 and that death occur		es and on the date stated above
	23A. SIGNATURE //	38. ADDRESS 213 hight Street	23C. DATE SIGNED
2 10			City, town, or county (State)
DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	29 PINERAL DIRECTOR WILL	ADDRESS 322
F	VS 150	Ministration of the Man	048a
			0700



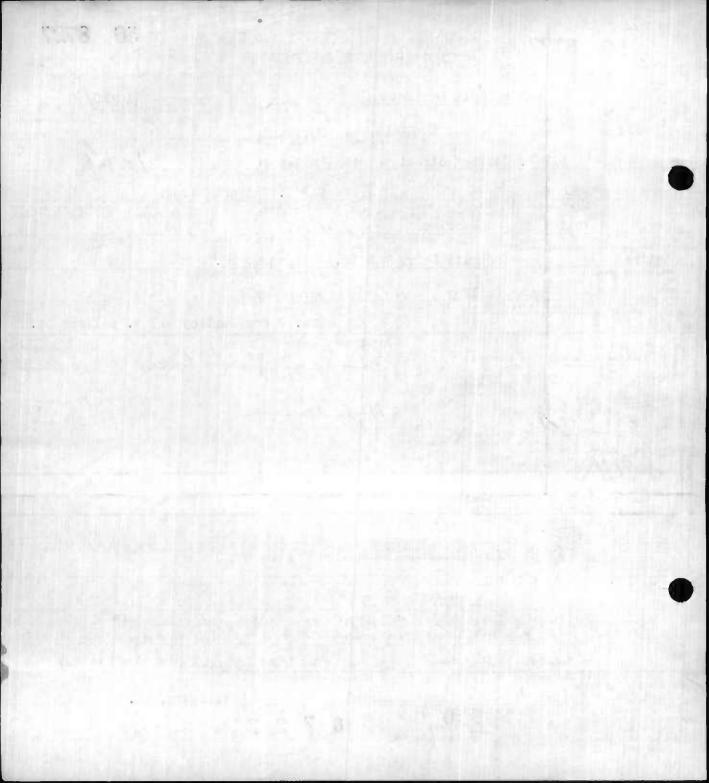
11	A-63	0	ERTIFIC	CATE CORRE	CIED	and the second second	8726
1	1100	00 0/40.			EALTH DEPARTMENT	Registered 1	
В	IRTH NO.			CERTIFICATI	E OF DEATH	are giberett a	
	NAME OF I	AUGUSTUS O.	ARROWOO	)D		of DEATH Octob	per 1. 1950
	Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	institution : residence before admission)
В.		OF (If not in hospit	al or institution	on, give street address or location)	South Carolina	V-3	0
	NSTITUTION	Hanban at Va	nle St 8	Battery Ave.	C. CITY OR TOWN (If		townshin
		narbor at 10.	IN QU. Q	Yrs.	D. STREET ADDRESS (If		Lenoury County
	ength of	stay in Baltimore		Mos. Days	22-Church Stree	et 517 E. 11	Ui St.
5.	male	6.COLOR OR RACE	7. SINGLE WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		M Under 1 Year   H Under 24 Hous onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
Wor		of working life, even if retired)		INDUSTRY	Great Falls, 5	. C.	WHAT COUNTRY
13	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N.		
		Arrowood			Crick Majors		
(Ye	o. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
-	108	ar II			L. C. Arrowood,	Jan 13. 1101	INTERVAL BETWEEN
CATION	DISEASE RISE TO	ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	SES F ANY, GIVING STATING TH	(B)			
ERTIFICA	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
Ü				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL			1 210 DI A	CE OF INTURY ( i	or 21c WHERE DID (1	If in Baltimore City	YES X ND
MEDIC	218. EXTERNAL CAUSE WAS UNDERLYING OF OR CONTRIB. about home, farm, factory, atrest, office bidg., etc.)  UTING CAUSE OF DEATH. CAUSE OF DEATH. Arbor York Street and Battery Avenue 22					22.1	
	22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X], suicide [], homicide [], undetermined [].						
	23a. SIGNATURE    23b. CHIEF MEDICAL EXAMINER						
	4A. BURIAL. ON, REMOVAL (S 4 CMO		50 7	Me Ewen Lu	-11.	astalle,	or county) (State)
	ATE RECEIVE		S SIGNATUR	REO ()	Mildred 1/6	Hight 600	address Harford A
V	S 151 N	990.X-8	<del>/==-/////</del>			183	00

G-410

## BALTIMORE CITY HEALTH DEPARTMENT

50 8727

BIRTH NO.	30 02-01		CERTIFICAT	E OF DEAT	Н	Register	ed No
1. NAME OF (Type or Print)		es Covle	Guilfoy		4	2. DATE OF DEATH	10/10/50
3. PLACE OF A. Baltimore		<i>J</i>	00121101	4. USUAL RESIDE	ENCE (Wh		ed. If institution : residence
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or instituti	on, give street address or location		(If o		limits, write RURAL and giv
700	917 N.	Calvert	Street	Baltimore	,	1	-0 / township
			80 Yrs. Mos.	D. STREET ADDRI	ESS (If ru	ral, give location	1)
	stay in Baltimore		Days	917 N. Ca			
5. sex Male	6. COLOR OR RACE White	WIDOW	, MARRIED, ED, DIVORCED (Specify Tied	1/1/70	1	9. AGE (In year last birthday)	Months Days Hours Min.
10A. USUAL O	CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE	State or for	eign country)	12. CITIZEN OF
Retire	d		y Storage & I		. Md.		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA		ME	
	Thomas	Guilfo	у	Sarah Coy	le		
15. WAS DECEA	SED EVER IN U, S. ARME (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		fov 917 N	ADDRESS  L. Calvert St.
Z DISEASI RISE TO UNDERLU OTHER TRIBUTIN	ASE OR CONDITION LEADING TO DEA' se not mean the mode of ture, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA  SIGNIFICANT CONDITION IG TO THE DEATH, BUT DISEASE OR CONDITION	TH  of dying, e.g.,  ns the disease caused death.  SES  F ANY, GIVING STATING THI  ST.  TIONS CON  NOT RELATE	(A)	orany To	***************************************	bosis	noset and death
. 19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
LYING CAUSE OF TID. TIME FINJURY  22. I here deceased of	(Month) (Day) (Year)	(Hour) 2 m.	and that death occur	ED 21F. HOW DID  Mt. 15, 1950  rred at 3 A. m.	O, to Oc, from the	7. 10 , 1	950, that I last saw then the date stated above
24A. BURIAL. TION, REMOVAL	CREMA- 248. DATE		4c. NAME OF CEMETE	RY OR CREMATORY		CATION (City, t	
Burial	10/12/5		New Cathedra			imore, Md	
LOCAL REGIS	TRAR	SSIGNATU	Villiana, M. B.	25. FUNERAL DIR	Its end	Jou 800	M. Calvard St.
007 1501	1950	Č.					94a

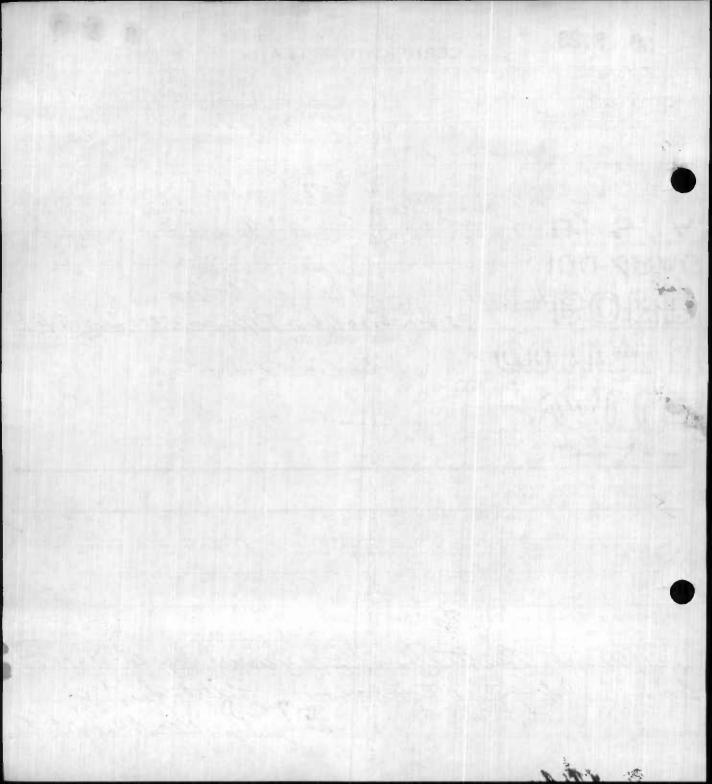


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10	50	8728

#### BALTIMORE CITY HEALTH DEPARTMENT

1-11	PR 2 72/67
Registered	No

3/60	CERTIFICATI	FOF DEATH Registered No.
BIRTH NO.	CERTIFICATI	E OF BEATH
1. NAME OF DECEASED (Type or Print) DAVID KER.	R BRYSON	2. DATE OF DEATH 10 -11 - 50
a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or insti	location)	Maryland
INSTITUTION Union Memoria	1 Hoshity	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SING	GLE, MARRIED.  OWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday) Months: Days Hours Min
10A. USUAL OCCUPATION (Givekindel) 10B KI	ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Manager - Lewice Statem	INDUSTRY	Pennsylvania USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
David Ken Brysen &	'v.	Rachael Cowhen
15. WAS DECEASED EVER IN U. SARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
renkupe	213-05-692	aluent Brow 5800 Idgepirke K
18. 33/X 1	CAUSE	OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTL		chal hemershage Ida
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	case.	eva nemerrage /da
injury or complication which caused de	ath.) DUE TO	
ANTEGEDENT CAUSES		entral Hypertension ?
DISEASES OR CONDITIONS, IF ANY, GI	VING	esticas 11 - ypur lengism
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO	
01	(C)	
OTHER SIGNIFICANT CONDITIONS		
IN TRIBUTING TO THE DEATH, BUT NOT REL	ATED	
TO THE DISEASE OR CONDITION CAUSING	OR FINDINGS OF OPER	ATION 20. AUTOPSY?
		YES ND
	PLACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
T INJURY m.	WHILE AT NOT WHILE	
22. I hereby eertify that I attended to	he deceased from 10	-10 , 1957, to 10 -11 , 1957, that I last saw th
deceased alive on 10 - 11 , 19.50	2. and that death occur	red at 2:15 Pm., from the causes and on the date stated above
23A. SIGNATURE	ff : 6 2	3B. ADDRESS
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) Of 1.13/50	here 40	0 0 0
DATE RECEIVED BY   REGISTRAR'S SIGNA		25 FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	in Environ	Journa Buen 5005 Pk Talet to
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	2901	X30-

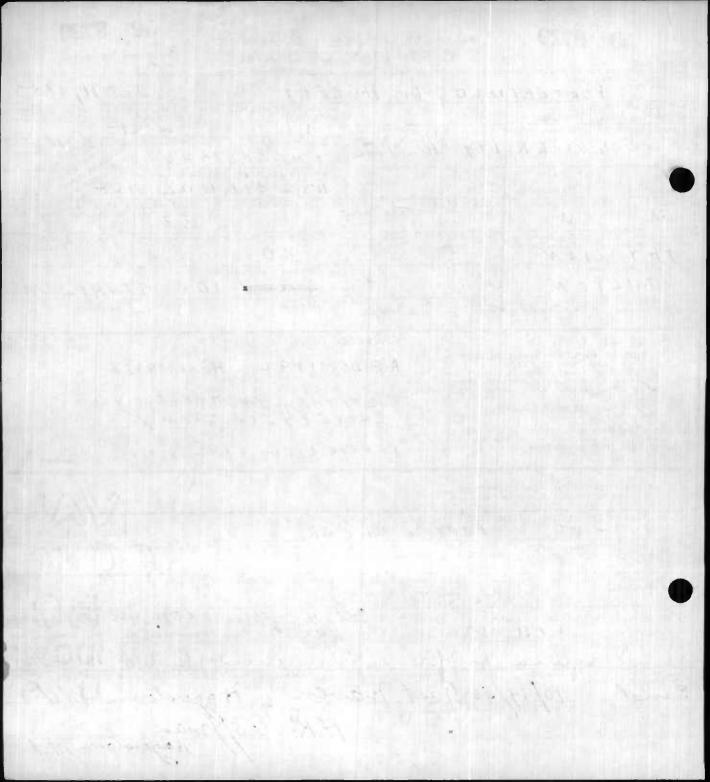


P-636,29

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

8	IRTH NO.			OLIVIII IOAT	L OI DEATH		
(3	NAME OF C Type or Print)	PORTERI	IELD	, Dr. Hu	BERT	2. DATE OF DEATH	t 11, 1950
A.		City, Maryland			A. STATE	CE (Where deceased lived, B. COUNTY	If institution: residence before admission)
B.	FULL NAME OSPITAL OR			ion, give street address or location)	MD		
	ISTITUTION	LNIVER:	SITY	HOSPITAL	HAGER	STOWN.	nits, write RURAL and give township)
	Length of s	stay in Baltimore		Yrs. Mos. Days		(If rural, give location)	
5,	SEX M	6. COLOR OR RACE		E. MARRIED /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday)	Months Days Hours Min.
wor	PH YS	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY		te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S		,		14. MOTHER'S MAID	EN NAME	
		TON	w.		3100	IDA ST	ARTZMAN
(Ye	m, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ERTIFICATION	OISEA (This doe heart failt injury or DISEASE RISE TO T UNDERL	SE OR CONDITION LEADING TO DEA so not mean the mode of complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	FH  If dying, e. g  If dying, e. g  Is the disease.  SES  F ANY, GIVIN  STATING TH  ST.	(B) CHO	OTAL HA	HEMORRHAG STRECTOM ECTOMY CHOLECYSTITI	<i>y</i> +
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			AS 012 1120
				FINDINGS OF OPER			20. AUTOPSY?
A	9-9	- 50	TE	PTIC UL	CER		YES NO
MEDICAL	21A. ACCID LYING O CAUSE OF	DENT WAS UNDER. R CONTRIBUTING DEATH			or 21c. WHERE DID	(If in Baltimore City	, give exact location)
4	21b. TIME F INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	, nyokt		m.	WHILE AT NOT WHILE			
	22. I heret	y certify that I att	cnded the	deceased from	ct 4 , 190, 1	o oct 11 , 19:	50, that I last saw the
	dcceased a	live on bet 11	, 1950	and that death occur	red at 230 pm., fr	om the eauses and on	the date stated above.
	23A. SIGNA	TURE		1112	3B. ADDRESS	enty Hospital	1 23c. DATE SIGNED
TIC	AA. BURIAL, ON. REMOVAL (S PATE RECEIVE DCAL REGIST 1 2 1950 VS 150	CREMA- P4B. DATE Specify)	SIGNATU	5 0		Hagerston	ADDRESS (State)
1				07585		0	117a



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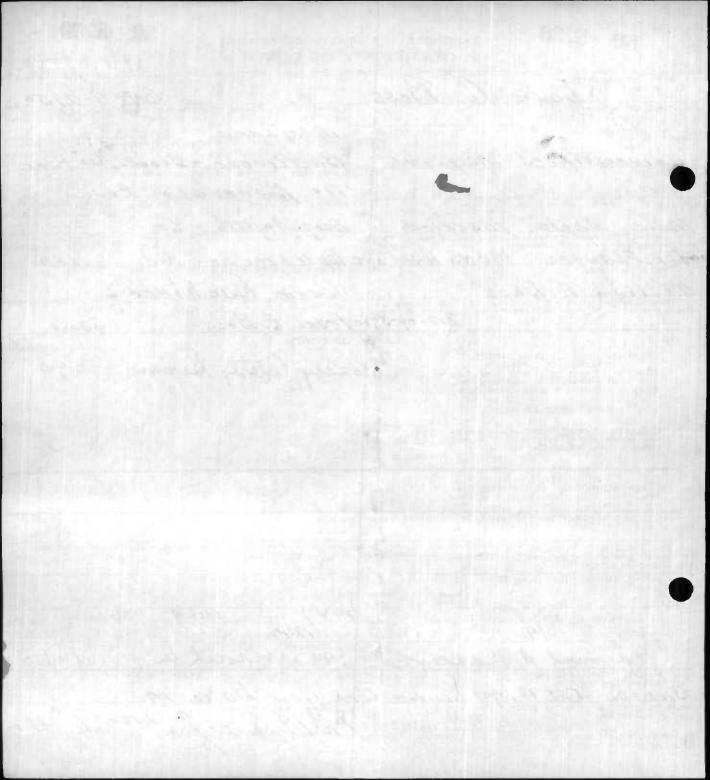
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

× 50. 8730

Registered No-

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATHOCK - 9- 1958 10415 055 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or PARYLAN location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) UNIVERSII TIMORE - PROOKLYN D. STREET ADDRESS (If rural, give location) Yrs. Mos. 8. DATE OF BIRTY e. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Months: Days | Hours | Min. If Under 24 Hours 00 male WKZTE Markicd. Hero. 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? Hat FLANGER Hats INC. Jalez Ino Re Md. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. 900 Same 18. 420 1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 1956, that I last saw the 22. I hereby certify that I attended the deceased from... 19_ 19 50 and that death occurred at 12:15pm., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 10/11 acound 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) OR CREMATORY TION, REMOVAL (Specify) 12 1950 RIAL LoudoN REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY ERAS DIRECTOR LOCAL REGISTRAR



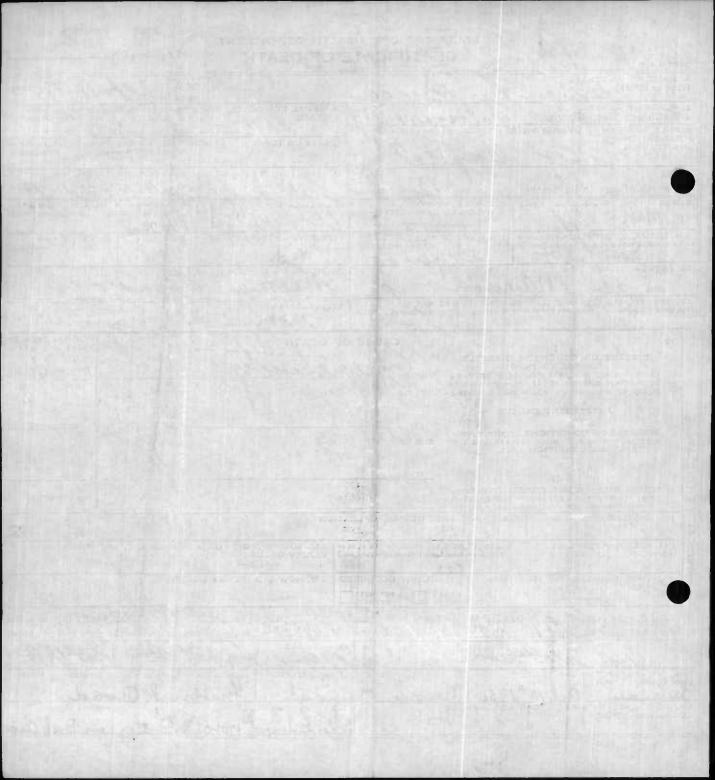
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# BALTIMORE CITY HEALTH DEPARTMENT

В	BIRTH NO.	CERTIFICATI	E OF DEATH	Regis	tered No	_
(7	NAME OF DECEASED AMELIA	PhE130	HER	2. DATE OF DEATH	10-11-50	=
A	B. PLACE OF DEATH: Baltimore City, Maryland		A. STATE	NCE Where deceased B. COU	lived. If institution : residence NTY before admissio	n)
H	FULL NAME OF (If not in bospital or institution)  7449	ley ave	c. CITY, AR TOWN	more	ate limits, write RUBAL and gi	ve p)
	Length of stay in Baltimore	50 Mars	4008 V	Ulusou	Collavaro	L
5		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in y	vears II Under 1 Year If Under 24 Ho lay) Months Days Hours Mi	n.
WOT	OA, USUAL OCCUPATION (Give kind of the foot during most of working life, ever firetired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (ST	ate or foreign country)	12. CITIZEN OF WHAT COUNTR	Y ?
13	3. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	1. INFORMANT	D. Urce - 400	ADDRESS AP	=
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO CAY	te Cons onay & mic my	elevois conside	cling	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, fa	CE OF INJURY (e. g., in rm, factory, street, office bldg., e	or 21c. WHERE DI		City, give exact location)	
2	FINJURY	1E. INJURY OCCURRI		INJURY OCCUR?		
	22. I hereby certify that I attended the		7 1952 red at 010 fm	to 10/7	, 1950, that I last saw t	
	230. SIGNATURE	2	3B. ADDRESS B2	Allest	23c. DATE SIGNE	
2 T1	44) BURIAL, CREMA- ON REMOVAL (Spenify) (0-/2-50	4c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (Cit	to rud	灣
LO	OCT 1 2 105 REGISTRAR'S SIGNATURE	Markes, MIM	5. FUNERAL DIRE	one 21	AGORESS PLANT	20
	vs 150 2 1950				920	

Hornstein ?

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (Il not in hospital or institution, give street address B. FULL NAME OF HOSPITAL OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) YPS. D. STREET ADDRESS (If rural, give location) ength of stay in Baltimore en lliNgton Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | Months; Days | Hours | Min. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 20/4 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even iffetired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nokoowo) (If yes, give war or dates of service) ADDRESS SECURITY NO. an 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT NOT WHILE 1950 to 00 22. I hereby certify that I attended the deceased from_ . 195 Phat I last saw the , and that death occurred at 4:30%, from the causes and on the date stated above. deceased alive on 23A. SIGNATURE ADDRESS 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEME LOCATION (City, town, or county) TION, REMOVAL Specify 950 DATE RECEIVED BY REGISTRAR'S 25 FUNERAL DIREC LOCAL REGISTRAR

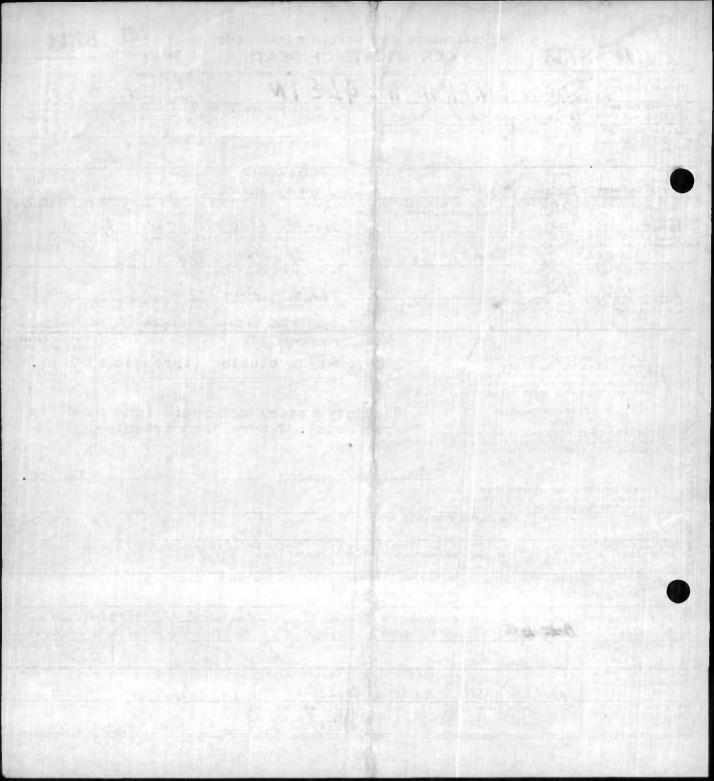


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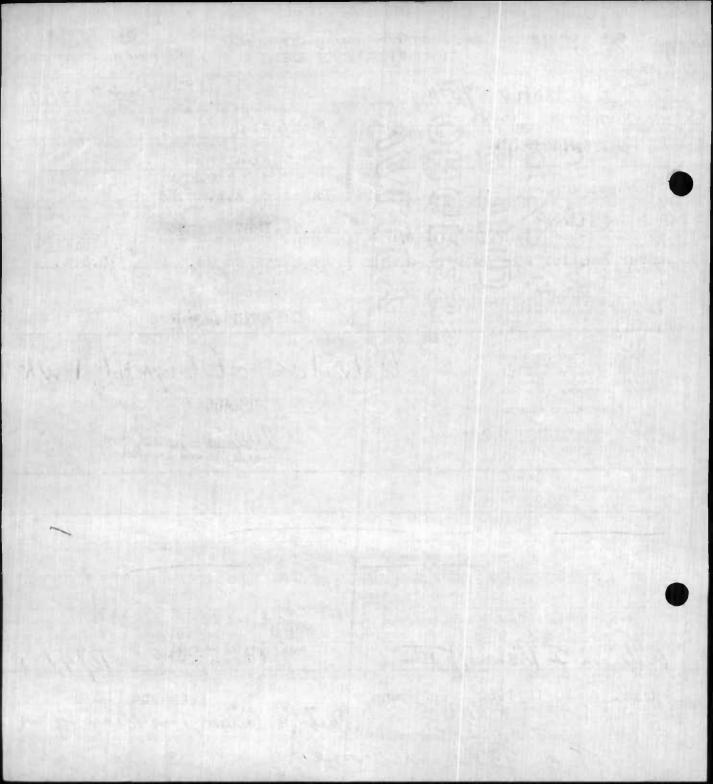
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No.

В	IRTH NO.						
(7	NAME OF D	DRIDAVID	EMRICH	WEG		OF DEATH OUT 10	ich 1950
A		City, Maryland 2		me	A. STATE	Where deceased lived, If i	nstitution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	pital or institution, give s	treet address or location)	c. CITY OR TOWN (l)	f outside corporate limits	, write RURAL and give township)
			LA tie	Yrs. Mos.	D. STREET ADDRESS (If		
5	SEX	tay in Baltimore		Days	2400 Luden B. DATE OF BIRTH	9. AGE (In years) #1	Under 1 Year H Under 24 Hours
1/	nale	Melile CUPATION (Give kinds			Juan 10- 1876	74 1	ths Days Hours Min.
wor	k done during most o	of working life, even if retired	anyst of S	INDUSTRY	Balo,	oreign country)	f2. CITIZEN OF WHAT COUNTRY?
13	MAL S	Veele			14. MOTHER'S MAIDEN N	AME	
1! (Ye	5. WAS DECEASE	D EVER IN U. S. ARMI			17. INFORMANT	AD	DRESS,
	, 20 0. 62200 12)	(1. 30-1 B. 0. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	SEC SEC	URITY NO.	Miss Henriette	Meglein 24	100 rudballa
	18. 420	•		CAUSE C	F DEATH		INTERVAL BETWEEN
	(This does	LEADING TO DEA not mean the mode	ATH of dying, e.g., (A		nary occlusion	1 (thrombosi	is) 1 hr.
	heart failu injury or	re, asthenia, etc. It me complication which	eans the disease, caused death.) DUE	то			
ANTECEDENT CAUSES Coronary artery sclerosis (angina 6 yr							
1	Diseases or conditions, if any, giving rise to the above cause (a) stating the underlying condition last.  (B) pectoris). Generalized arterio pue to sclerosis					) =	
TIFIC	lique #	11	_ (0		tension		14 vrs.
CERT	TRIBUTING	SIGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITION	DITIONS CON-				
AL			198. MAJOR FINDING	GS OF OPERA	TION		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)	218. PLACE OF II about home, farm, factory,	NJURY (e. g., in street, office bldg., etc	or 21c. WHERE DID (	If in Baltimore City, gi	ve exact iocation)
Z	210. TIME (	Month) (Day) (Year		RY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
			m. WHILE AT	NOT WHILE AT WORK		7) - 4 /4: 5	
	deceased al	ive on Detal at	tended the deceased	t from///as. death occurr	ed at 5 P-m., from t	he causes and on th	that I last saw the date stated above.
	23A. SIGNAT	TURE P. Na	0	23	B. ADDRESS	Pare	Oct 11/50
2	4A. BURIAL. C	REMA- 24B. DATE	24c. NAM	м. D.	27 100, 5-50 7 6	OCATION (City, town, o	
_	ATE RECEIVED	100,13	R'S SIGNATURS	et the	CLOSUR FOR	elto rel	ADDRESS
	PEAL REGIST			M. D. M. SIL	Cotio ond	hein & S	ou
	VS 150			09381	1		94a



O.R" MED. EXAM CASE RELEASE	7077
1-520 BALTIMORE CITY HE	EALTH DEPARTMENT X 50 8704
CERTIFICAT	E OF DEATH Registered No.
	2. DATE OF 8.1950
	4. USUAL RESIDENCE (Where deceased lived, If institution: residence
FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR LOCATION (In the property of the property o	MARYLAND anno- any nodel
SHIGHOLOGATED WATER WANTIER	PASAdeva township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours
MHLE COLORED Widowed	Feb. 19-1887 63 Months Days Hours Min.
dooe during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	St Marys Co Md.   U.S.A.
Unkown	Unkown
. WAS DECEASED EVER IN U. S. ARMED FORCES? h. mo or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS MOSPITAL
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	VUIUS OF SIGMOID I WK
	CERTIFICATION APPROVE
(B)	for Def
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	William V. Gotts M. D.
	OBSECT OR ASST. MEDICAL EXAMINARY.
OTHER SIGNIFICANT CONDITIONS CON.	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY?
2	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	n or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	/1-8 1053 / 10-8 1053
	rred at 805 Pm., from the causes and on the date stated above
111111111111111111111111111111111111111	38. ADDRESS HUYLING EVOLILL 23C. DATE SIGNED
A. BURIAL, CREMA- 248, DATE ZAC NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial   IO/I2/I950   Pasadena	Pasadena Md
	Choy 8. Wilson 1000 Brantly we
vs 150 10 Be appr	338 × 122B
	NAME OF DECEASED TO PRINT.  NAME OF DECEASED TO PRINT.  PLACE OF DEATH: Baltimore City, Maryland G.O.  FULL NAME OF (If not in hospital or institution, give street address or Jocation)  SEX ORGAN TO PRINT TO PR



11 6	0-51	O CERT			Oct., 17, 1950	X 50	8725
BIR	TH NO.	0 8735			E OF DEATH		ed No.
1. N	IAME OF Doe or Print)	WOODROW WILS	SON IMHO	OFF		2. DATE OF Se	ptember 23, 195
	LACE OF D	EATH: City, Maryland		Hallerine	4. USUAL RESIDENCE (		l. If institution : residence
B. FI			al or institut	tion, give street address or location)		f outside corporate l	imits, write RURAL and giv
		Pier 4 Pratt	Street		Beaumont		township
	anoth of c	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (1)		)
5. S		6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	H Under 1 Year   If Under 24 Hour
m	ale	white	WIDOV	VED, DIVORCED (Specify)	July 25, 1917		Months Days Hours Min
		CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
10.	- A 271 - E 271 - A				Beaumont, Texas		
	FATHER'S N				14. MOTHER'S MAIDEN N	IAME	
15. 1	WAS DECEASE	ED EVER IN U. S. ARMED	D FORCES?	I 16. SOCIAL	17. INFORMANT		
(Yes, z	o or unknown)	(If yes, give war or date	s of service)	SECURITY NO. 983-09-8497	Veteran. comin	44.00	ADDRESS
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  (A)  Drowning (A)  Drowning (B)  DUE TO						
ERTI	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED		,	
11 .	9A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDI	21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB.  UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, officeholdg., etc.)  harbor  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  Harbor at Pier 4 Pratt Street  21c. INJURY OCCURRED  21d. TIME (Month) (Day) (Year) Hour) 21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)  21d. TIME (Month) (Day) (Year) Hour)						
	Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abov and death in my opinion resulted from: natural causes □, accident □, suicide □, homicide □, undetermined ☒.						
	23A. SIGNATURE    23B. CHIEF MEDICAL EXAMINER						
TION	Burial Oct 12-50 Baltimore National Balto - Wed						
	AL REGIST		SEJGNATI	IV.	Elsworth	Dunaco	ADDRESS
VS	151 // -	990 X wet	i ytor 1	Milliama, M.	5118 Suga	. Bal	e aux 183

R-2.50	
BALTIMORE CITY	HEALTH DEPARTMENT
	ATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) CECELIA I RIGGIN	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street addre	ess or MARYLAND BALTIMORE
UNION MEMORIAL HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township
No. 1	Yrs. D. STREET ADDRESS (If rural, give location)
	Mos 533 SUSSEX ROAD
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp.	B. DATE OF BIRTH  9. AGE (In years   N Under   Year   M Under 24 Hours   Last birthday   Months: Days   Hours   Min.
FEMALE WHITE SINGLE	JUNE 16 1883 61
vork dooe during most of working life, even if retired)	STRY MAA CUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN T. RIGGIN	ELIZABETH SCHNEIDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no or unknown) (If yos, give war or dates of service)  (If yos, give war or dates of service)	17 INFORMANT ADDRESS
18. 203 X , CAUS	SE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease.	incho prumano
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	Irma of lengs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	multiple my eloma
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF C	BOWEL FEMORAL CANALLEFT YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office contributions.	e. g., in or   21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	

22. I hereby certify that I attended the deceased from AUGUST 25, 1950, to Octo Del 10, 1950, that I last saw the deceased alive on Leto Del 10, 1950, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

| 23B. ADDRESS

24A. BURIAL, CREMA- 24B. DATE 10N, REMOVAL (Specify)

Thursy D

10-10-50

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

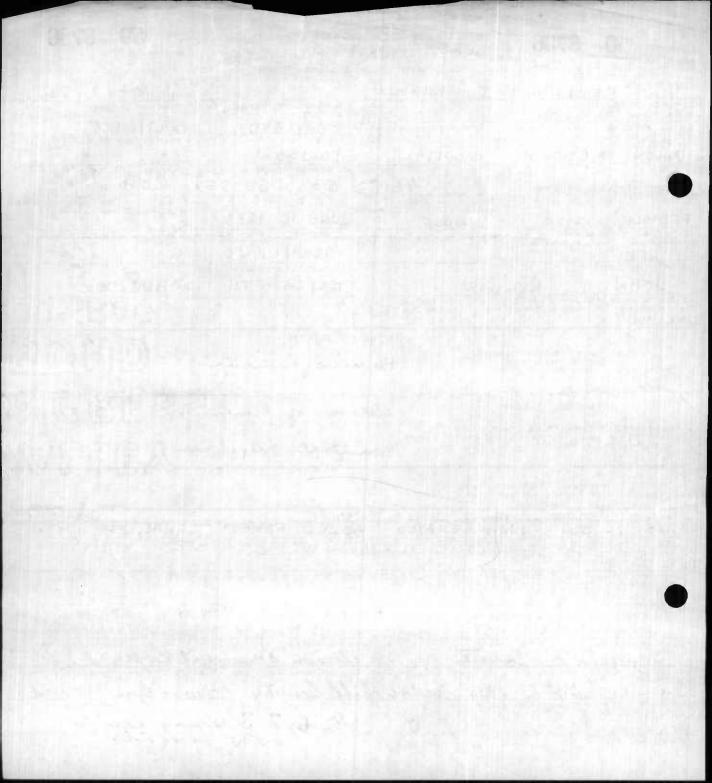
ADDRESS

LOCAL REGISTRAR

which Williams, M.

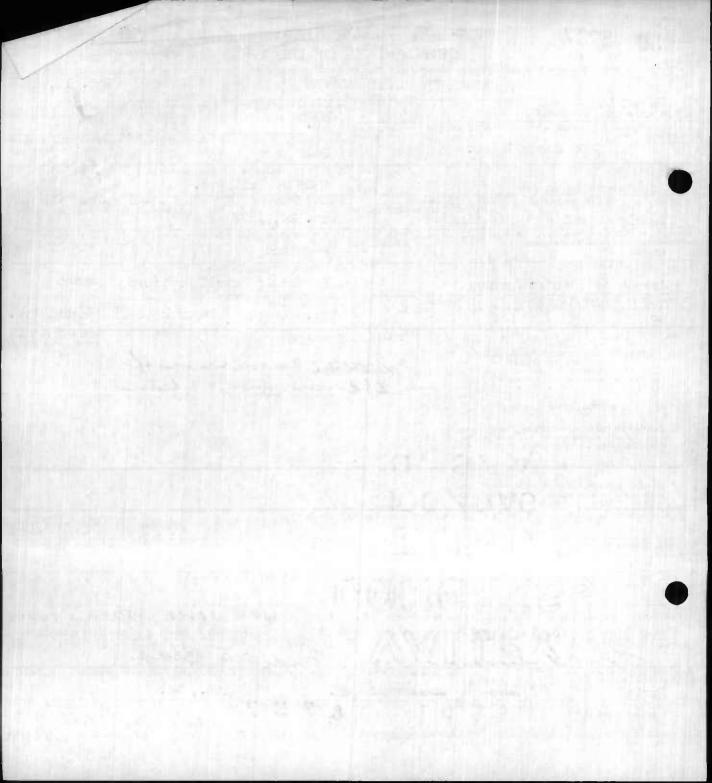
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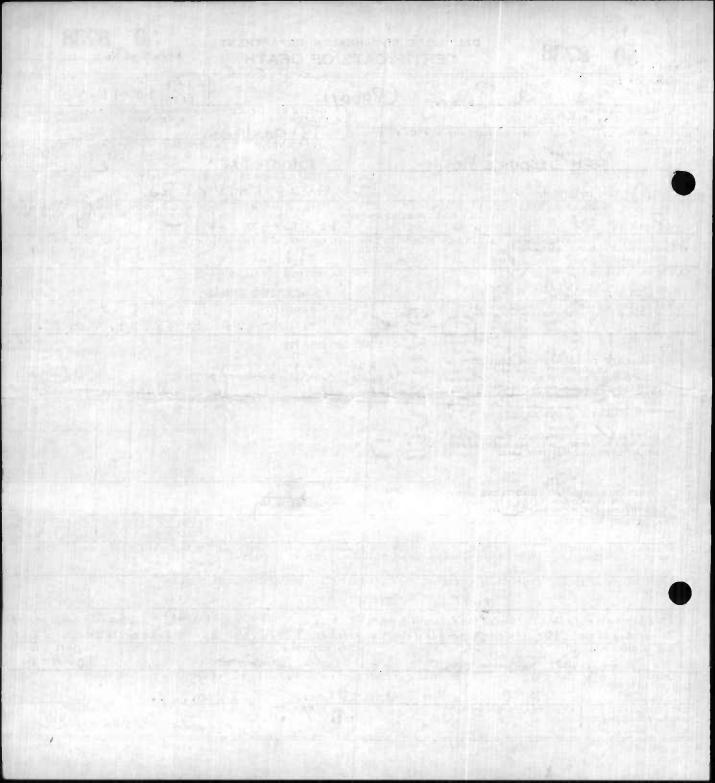
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

В	IRTH NO.				or Bertiti		
1. NAME OF DECEASED (Type or Print) MARGARETTA DIXEY P.					ASSANO	2. DATE OF DEATH	Oct. 10, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					4. USUAL RESIDENCE (VA. STATE Md.	Where deceased lived. B. COUNTY	If institution: residence before admission)
4	NSTITUTION	5505 Jonqui	l Ave.	location)	Baltimore	27.	mits, write RURAL and give township)
(		ay in Baltimore		Yrs. Mos. Days	5505 Jonquil A		
	female	white	WIDOW	E. MARRIED, VED DIVORCED (Specify)	Oct. 24, 1872	9. AGE (In years last birthday)	Months Days Hours Min.
10 wor	DA. USUAL OCC k dooe during most of NONE	UPATION (Give kind of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		of Leonard F			14. MOTHER'S MAIDEN N. Parthema Sewe		Passano
13 (Ye	5. WAS DECEASED	EVER IN U. S. ARMED (If yee, give war or dated	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Joseph S	Passano 55	ADDRESS 05 Jonquil Ave.
CERTIFICATION	DISEASES RISE TD TH UNDERLYI  OTHER SIG	e, asthonia, etc. It mea complication which c INTECEDENT CAUS OR CONDITIONS, IF E ABDVE CAUSE (A) NG CONDITION LA II GNIFICANT CONDITION TO THE DEATH, BUT LEASE OR CONDITION	aused death EES FANY, GIVIN STATING TH ST. TIONS CON	(B) (C)	the Careno	Ultur	
	19a. DATE OF	OPERATION 0 1	98. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
MEDICAL		NT WAS UNDER. CONTRIBUTING	21B. PLA about home, f	ACE OF INJURY (e. g., io arm, factory, street, office bldg., et	or 21C. WHERE DID (I tc.) INJURY OCCUR?	f in Baltimore City	, give exact location)
-	21D. TIME (M	donth) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK	D 21F, HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased from 1, 2, 1912, to 19, 19 deceased alive on 19, 19, 19, 20, and that death occurred at m., from the causes and on							
	23A. SIGNATU		Tun		med air	- 000	23c. DATE SIGNED
2. TI	4A. BURIAL, CR ON, REMOVAL (Sp Burial	REMA- 24B. DATE		Greenmount C	RY DR CREMATORY 24D. L	OCATION (CRy, tow	vn, or county) (State)
DL	ATE RECEIVED	AR 1950	SIGNATU	REJ ( ) O	20 TUNERAL DIRECTOR	ner V Sur	= Paulto
	VS 150		0	and the state of t			4810



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12	2	U	V	

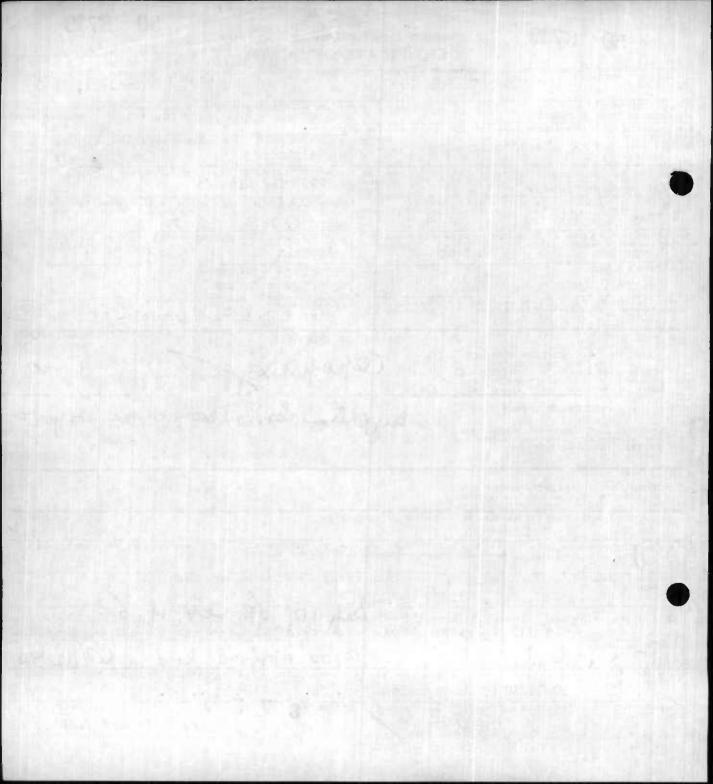
BI	RTH NO. 50-22 41	CERTIFICAT	E OF DEATH	Registered	No.
(T	NAME OF DECEASED  ype or Print)  PLACE OF DEATH:	Baddy (PAC	USUAL RESIDENCE	2. DATE OF DEATH OF (Where deceased lived. I	11-50
B.	Baltimore City, Maryland FULL NAME OF (If not in hospit DSPITAL OR	tal or institution, give street address o location	A. STATE	B. COUNTY	before admission
2	BOH SECON	urs Hospt.	BALTINO D. STREET ADDRESS	(If rural, give location)	township
-	Length of stay in Baltimore	Mos. Days	4508 M	VIEW Rd. 0	70
5.	SEX 6. COLOR OF RACE	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	In Under 1 Year It Under 24 House Conths Days Hours Min
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even If retired)		11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME	<i>y</i>
	John J. Paddy		Margaret E	mala	
15 (Va	. WAS DECEASED EVER IN U. S. ARME		17. INFORMANT		ADDRESS
(10	(1. 300, 21.0 to 10.0 of date	SECURITY NO.	Mr. John J.	Paddy 4508 M	t. View Rd.
	18. 7645.	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION	DIRECTLY			ONSET AND DEAT
	LEADING TO DEA (This does not mean the mode	of dying, e.g., (A)	gastrele	~Q_	3 days
	heart failure, asthenia, etc. It me injury or complication which	ans the disease, caused death.) DUE TO	0		0
	ANTECEDENT CAU	SES			
Z		(B)			
RTIFICATION	DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
CA	UNDERLYING CONDITION L	AST.			
Ē		_(C)			
	OTHER SIGNIFICANT COND		AA		
O H	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION		-maluruly		
L	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
V	21A. ACCIDENT, SUICIDE.	L 212 PLACE OF INJURY (	in or   21c. WHERE DID	(If in Baltimore City,	YES NO L
MEDIC	HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		(if in Battimore City,	give exact location)
1	21D. TIME (Month) (Day) (Year FINJURY	) (Hour)   21E. INJURY OCCURE	RED 21F. HOW DID IN	JURY OCCUR?	
	INSORT	m. WHILE AT NOT WHILI			
	22. I hereby certify that I at	tended the deceased from	9 - 9 1950 t	0 10-11 , 195	. that I last saw th
	deceased alive on 10-11	_, 19 and that death occu	erred at 135 Pm., fr	om the causes and on	the date stated abov
	230 SIGNATURE		23B. ADDRESS		23c. DATE SIGNE
	Derry D. Sol	M. D.	Br Seem		10-11-50
2/ TI	AA. BURIAL, CREMA- 24B. DATE	A4C. NAME OF CEMET	ERY OR CREMATORY 2	4D. LOCATION (City, town	n, or county) (State
	Burial   10/12/		al Cem.	Balto., Md.	
	ATE RECEIVED BY REGISTRAR	'S SIGNATURE O	26 FUNERAL DIFFE	ichner & Sa	is = latte
	VS 150	ator Miliania, M.		TERROPERIO	159 ma.



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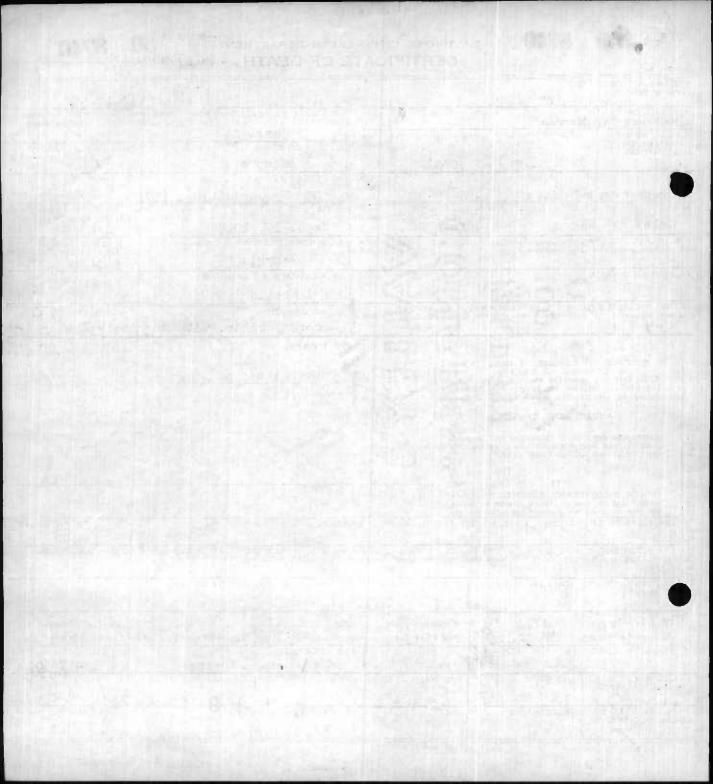
### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED ANTOINETTE HOLZAPFEL	2. DATE Oct. 11, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  2792 The Alameda	
Yrs. Mos. Days	o. street address (If rural, give location) 2792 The Alameda
female   6. COLOR OR RACE   7. SINGLE. MARRIED.   WIDOWED, DIVORCED (Specify)   widowed	8. DATE OF BIRTH 9. AGE (In years of Under I Year Months Days Hours Min June 4, 1876 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  housewile at home INDUSTRY	11. BIRTHPLACE (State or foreign country)  Austria  12. CITIZEN OF WHAT COUNTRY
George Malner	14. MOTHER'S MAIDEN NAME Gertrude Knauss
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT meda Miss Wilhelmina Holzapfel - 2792 The Ala
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	Atmi Cordio Vasauly disere Hyuro
19A. DATE OF OPERATION .   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
218. PLACE OF INJURY (e.g., is bout home, farm, factory, street, office bidg., cause of Death	in or   21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 216. INJURY  WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 10, 19 5 and that death occur	D 10, 195, to OeV 11, 195, that I last saw th
24A. BURAL CREMA- TION, REMOVAL (Specify) Burial 10/14/50 Moreland Me	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25, FUNE OF PREEDOR SOLLE TO SOLLE ME
VS 150	





BIRTH	-3 }	8740		TIMORE CITY HE	EALTH DEPARTMENT	.50 Registered N	8'740
1. NA	ME OF D or Print)	Cleve Ad	am <b>s</b>			2. DATE OF DEATH 10-	10-50
	ACE OF D ltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (V		
HOSP	L NAME ITAL OR TUTION	OF (If not in hospite Baltimore		ion, give street address or location)		outside corporate limit	s, write RURAL and give township)
		tay in Baltimore	14	Yrs. Mos. Days	D. STREET ADDRESS (If		
5. SE	x ale	6. COLOR OR RACE Negro	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)   ATA TED	8. DATE OF BIRTH Sept. 17, 1907		Under 1 Year II Under 24 Hours nths Days Hours Min.
10A. U work don	JSUAL OC eduring most o	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	preign country)	12. CITIZEN OF WHAT COUNTRY?
13. FA	THER'S N	Tyce Ada	ams		14. MOTHER'S MAIDEN N. Isabelle	AME	
15. W. (Yes, no	AS DECEASE or unknown)	D EVER IN U. S. ARMEE (If yes, give war or deter	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records* Balto.		DDRESS 4940 Is Eastern Ave
ATION	OISEAS (This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which is not complication which is not complication which is not complication which is not complicated by the complication which is not complicated by the complication which is not complic	TH  of dying, e.,  ns the disease  caused death  SES  F ANY, GIVING  STATING TI	Miliar: (A) Miliar: (B)	of death y Tuberculosis of	Lungs	6 months
CERTIFICATION	TRIBUTING	II  SIGNIFICANT CONDI  S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ŁD .			
. 19				FINDINGS OF OPER	PATION		20. AUTOPSY?
HO HO	A. ACCIDE OMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, s	
	D. TIME (	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
ae	2. I hereb eceased al BA. SIGNA		ended the	and that death occur	,,	he causes and on th	Q that I last saw the re datc stated above.   23c. DATE SIGNED   10-11-50
DATE	BURIAL, GREMOVAL (S	D BY   REGISTRAR	150	M. D. ] 24C. NAME OF CEMETE		SALAMA	
	VS 150	Chaking	ion //w	( Complete	Beo. H.	Kels	0 138



50 8741

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No.

CERTIFICAT	E OF DEATH Registered No.	
I. NAME OF DECEASED	2. DATE A .	
(Type or Print) JOHN. C. PRE15	DEATH Oct. 1:	2,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	trution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	MARYLAND -	before admission)
HOSPITAL OR location)	C. CITT OR TOWN (II outside corporate limits, w	rite RURAL and give
Mineral ty Hospital	Baltimore 1= 5	) S
Life Mos.	o. STREET ADDRESS (If rural, give location)	
ength of stay in Baltimore Days  5. SEX   6. COLOR, OR RACE   7. SINGLE, MARRIED.	52/ Johth Bradford St	or I Year   If Under 24 Hours
male White Widowed, OlyoRCED (Specify)		
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF
work done during most of working life, even if retired) Lithographer Nat. Can . Co.	Baltimore	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Preis	Katherine Wossler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of asprica) SECURITY NO.	17. INFORMANT ADD	
(Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. World War # 1	William Preis , 521 S. Bradfor	rd Street
18. /6 2 X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	inamatosis	11
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nanatosis	4 months
injury or complication which caused death.) OUE TO		
ANTECEDENT CAUSES	choquic carcinoma	7. 6.
O DISEASES OR CONDITIONS, IF ANY, GIVING	m yeng gramona	Munder
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.		
(C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
W TRIBUTING TO THE CEATH, BUT NOT RELATED		
, 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Nune		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., c	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from DC	t. 5 , 1950, to Det. /2. , 1950, t	hat I last saw the
deceased alive on Oct. 12 , 19 50 . and that death occur	rred at 2A m., from the eauses and on the	date stated above
23A. SIGNATURE T. Parker	1. e -de 11. 1 to	DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C NAME OF CEMETE	ERY OR CREMATOR 240. LOCATION (City, town, or	7.700
TION REMOVAL (Specify) 10-14-50 Schwartz'		(Dute)
		DDRESS
LOCAL RECUSTRAR REGISTRAR'S SIGNATURE	James Failer Co 403 S. Wol	
UCTVs (99951)	C/C	
.5 7/	3.0	470

to the Telegraphy of Example BOY Condi Tinds but bank . Fit . about ast hat Scheeper's Contract of the Same, lid. and allow & for the Start Start

50 8742 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Wm Homas (Type or Print) OF eorge DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATI B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. ength of stav in Baltimore 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months Days | Hours Min. Les 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? armer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT, NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

110-361640 SIS

21c. WHERE DID

INJURY OCCUR?

19A. DATE OF OPERATION 198. MAJOR FINDINGS 20 AUTOPSY

24D. LOCATION (City, town, or county)

10.8

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.) 21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

1950 to_

D. TIME (Month) (Day) (Year) (Hour) INJURY

WORK 22. I hereby certify that I attended the deceased from.

deceased alive on 10 . 6 3A. SIGNATURE

and that death recurred at 12 Mn., from the causes and on the date stated above.

238 ADDRESS ADISON ST

23c. DATE SIGNED

1950 that I last saw the

24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify

(If in Baltimore City, give exact location)

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

VS 150

DICAL

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DETODER STORY Carrier W. Homes 12.4 114. 1810 N. Steel Ev. 57E B.C. K. STILLER Male delined Marines MADELLAND Farmer Three I House Sales and a service of Mrs. Gertrude dones - 131 M. Bay The state of the s Sections and all many statement of the A AL SHAPE OF STREET Street Souter-1412 Follows In

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

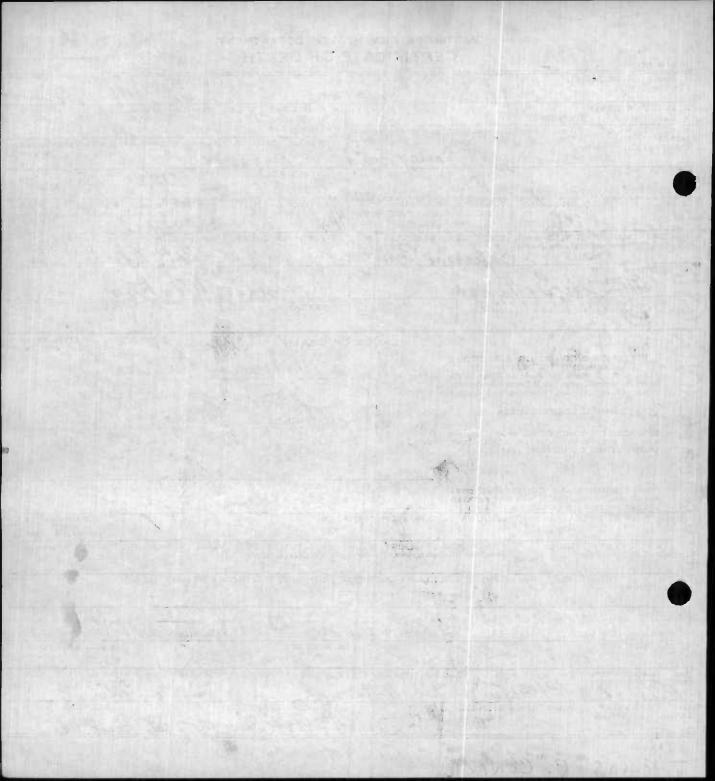
В	IRTH NO.		OL1	CIII ICAII	E OF BEATTI		
	NAME OF D	ECEASED Will	iam Richa	ard Keat	ts	2. DATE OF 10/	10/50
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If B. COUNTY	institution; residence before admission)
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospita	al or institution, give	e street address or location)	C. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give
	<u> </u>	320 S. Exet	er st.	,	Baltimore	3-0	township)
	Length of s	tay in Baltimore	50 yrs	Yrs. Mos. Days	320 S. Exet		
	sex M	6. COLOR OR RACE	Marrie	VORCED (Specify)	Sept. 14 1875	last birthday) Mo	onths Days Hours Alin.
WOL.	done during most o	CUPATION (Give kind of of working life, even if retired)	~ ~	INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY:
	alesman		Sea Food	a	North Carolin		U.S.A.
	Willi	am C. Keat	ts		Mary K. She	Lton	
15 (Ye	MAS DECEASION, no or nnknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? 16. S	OCIAL ECURITY NO.	17. INFORMANT Florence She	ridan Keatt	DDRESS
IFICATION	injury or  DISEASE RISE TO 1	ore, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	aused death.) DES FANY, GIVING STATING THE	(B)	mear ditist	Endocar	2 years
CERTI	TRIBUTING	SIGNIFICANT CONDI	NOT RELATED				
AL			9B. MAJOR FIND	INGS OF OPER	ATION		YES DAY
1EDIC	ACCIDE HEMICIDE	(Specify)	21B. PLACE OF about home, farm, fact	INJURY (e. g., i ory,street, office bldg.,		f in Baltimore City,	give exact location)
	F INJURY	(Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK			Y OCCUR?	
	22. I hereb deccased a	y certify that I att live on Ture	ended the decea 1950, and the	hat death occur			Othat I last saw the he date stated above 23c. DATE SIGNED
	4A. BURIÁL. ON, REMOVAL (S BURIAL			S Cartuelle	RYOR CREMATORY 240. K	allenge	Mary lane
	ATE RECEIVE		SSIGNATURE	3, ng 1	25. FEINERAL DIRECTOR	nand y Sa	ADDRESS
	VS 150	Ô			118 W. med.	Royal ave	092 e

Kinder delitation inthe Migre a detire Enderar shows 17:11/2 1 beachert The hite Property destable Titlett.

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BALTIMORE CITY HEALTH DE CERTIFICATE OF DI	
1. NAME OF DECPASED (Type or Print)	2. DATE OF DEATH 10/10/50
A. Baltimore City, Maryland	RESIDENCE (Where deceased lived, if institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION C. CITY OR	TOWN (If outside corporate limits, write RURAL and give township
Mercy Highle D. STREET	ADDRESS (If rural, give location)
Length of stay in Baltimore Mos. Days Days 5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED. 8. DATE OF	blewood Rd. #12
WIDOWED, DIVORCED (Specify) 4/23//	9. AGE (In years It Under I Year It Under 24 Hours Inc.)  Months Days It Under 24 Hours Inc.
work done during most of working life, even if retired) Suheries Court	ACE (State or foreign country)  18 9 6 Balto. Md. 12. CITIZEN OF WHAT COUNTRY
Win W. Gittings	GNAIE Winters
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Many Clause  Incomy Clause  Diserse  Miles -  Mi
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
HOMICIDE (Specify)   about home, farm, factory, street, office hidg., etc.)   INJURY	ERE DID (If in Baltimore City, give exact location) OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HO	W DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on , 19 , and that death occurred at 23A. SIGNATURE 23B. ADDRESS	m., from the eauses and on the date stated above
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY DR CREMA THOR SEMOVAL (Specific) 10/3/56 U.S. National	TORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	L DIRECTOR ADDRESS

THOMAS B. CONNOR 25092

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#### BALTIMORE CITY HEALTH DEPARTMENT

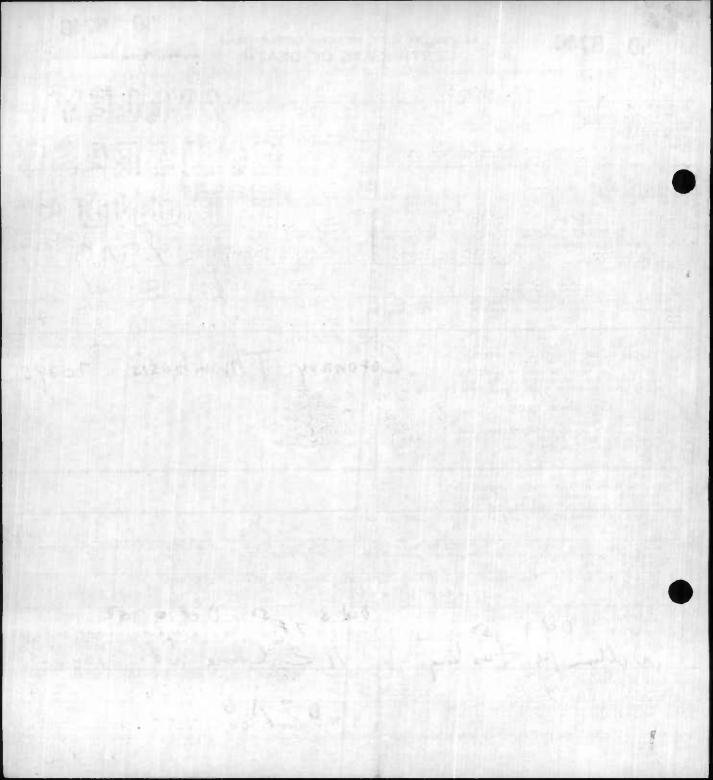
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Margaret Estella	Dean   2. DATE October 11. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
AD 831 S. Paca St.	Balto. township
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
Temale White Married Married	10/7/1871 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	Balto. Md.
Gross Sinters	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. og unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT. ADDRESS
(15 yes, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	Dorothy Dean 8315. Paca st
700.1	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	to Cadea treline Ida
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	1.001. " (1 4:
Z DISEASES OR CONDITIONS, IF ANY, GIVING	sugar muss selection
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ardwork cula snew The
Underlying condition last.	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., s.) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)
Σ OROSE OF DEATH	
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	M VI Color
deceased alive on 1071, 1950, and that death occur	rred at from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
24A BUNIAL CRIMA- 24B. DATE 24C. NAME OF CEMETE	RY OR FREMATORY   240. LECATION (City, town, or county) (State)
TIDAD REMOVAL (Specify)	livet Balto. Wed.
DATE RECEIVED BY REGISTRATES SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	W Cook Inc 1217 St. land st
ReC201 21030	093d
	120

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#### BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFIC	CATE OF DEATH Registered No
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) John F. Wright	2. DATE OCt. 10, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street ad HOSPITAL OR	
1530 Abbottston Street	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location)  Mos. Days 1530 Abbottston Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED WIDOWED.	(Specify)  8. DATE OF BIRTH  9. AGE (In years if Under I Year last birthday)  Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Carpenter Self Employed 13. FATHER'S NAME	Eastern Shore, Maryland
Levin Wright	Sarah Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY	Y NO. IT. INFORMANT ADDRESS Mr. Wm. Schneider, 1530 Abbottston Street
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF	F OPERATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, off CAUSE OF DEATH	
FINJURY (Month) (Day) (Year) (Hour) 21g. INJURY OF MORK NO WORK	OT WHILE
22. I hereby certify that I attended the deceased from deceased alive on and that death	n 0 4 3, to 0 4 10, 195, that I last saw the h occurred at 7 m., from the causes and on the date stated above.
23A, SIGNATURE	23B, ADDRESS Chore It   23c. DATE SIGNED   10-12-5
	CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FONERAL DIRECTOR ADDRESS
- Star Williams M.	Hm. Cook, Que. 1217 St. Paul Street
VS 150100	



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#### BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No.				

_	IDTU NO	00 074	1	CERTIFICATI	E OF DEATH	Registered	No.
-	NAME OF D	ECEASED				10.545	
(1	Type or Print)	Evel	yn Eise	nhart		DEATH	.0-11-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE A. STATE Maryland	E (Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	FULL NAME OSPITAL OR	Baltimore C:			c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
5	STITUTION	4940 Eastern		DIVALS	Baltimore	13-0	township)
C	angth of s	tay in Baltimore		Yrs. Mos.	b. STREET ADDRESS	(If rural, give location)  37th. Street	
5	. SEX	6. COLOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	LO ACEUR WOOD	If Under I Year   If Under 24 Hours
	Female	White		ED DIVORCED (Specify)	Feb. 21- 1929	last birthday) M	onths Days Hours Min.
1 C	A. USUAL OC k done during most o	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State Mary land	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	Norman	?		14. MOTHER'S MAIDE	N NAME	
15	5. WAS DECEASE		D FORCES?	16. SOCIAL			
(Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yes, give wer or date	e of service)	SECURITY NO	Lecords: 4940 ]	more City Hosp? Eastern Ave.	APRIES .
	18. 002	<b>x</b> .			OF DEATH		INTERVAL BETWEEN
		E OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does	not mean the mode	of dying, e.g	Pulmon	ary Tuberculos	sis	Years ?
	heart failu	re, asthenia, etc. It mes complication which of	ins the disease	2,			
		ANTECEDENT CALL	EC				
z		ANTECEDENT CAUSES					
0		OR CONDITIONS, I		G			***************************************
A	UNDERLY	ING CONDITION LA	ST.	(C)			
FIC				(0)			
ERTIFICATION	OTUER 6	IGNIFICANT COND	TIONE CON				
F	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY2_
AL		0					YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., in arm, factory, street, office hldg., e	or 21c. WHERE DID	(If in Baltimore City,	
2	21D. TIME	(Month) (Day) (Year	(Hour)	ZIE. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	F INJURY		m. V	WORK NOT WHILE			
h	22 I banah	as contifes that I at			-11- , 19 <u>50</u> , to	10 11 10 /	20 4b 4 7 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
					red at 12.15m., fro		
	23A. SIGNA		/5/		an APRETS City I		23c. DATE SIGNED
		1.1.	10	412 M.D.	4940 Eastern Av	7e.	10-11-1950
TI	ON REMOVAL (S	Decify) 248. DATE	1	AC. NAME OF CEMETE	1 11	D. LOCATION (City, town	n, or county) (State)
_	Burns	10/14		Finkslung		Finkslung &	nol.
	ATE RECEIVE OCAL REGIST		SSIGNATU	OF C	5. FONERAL DIRECTO	11 21	ADDRESS Jue
=	110 400 (1)	OF O	155× / 1/11	de la	auc 6. les	amount of	23615-17 Chadad

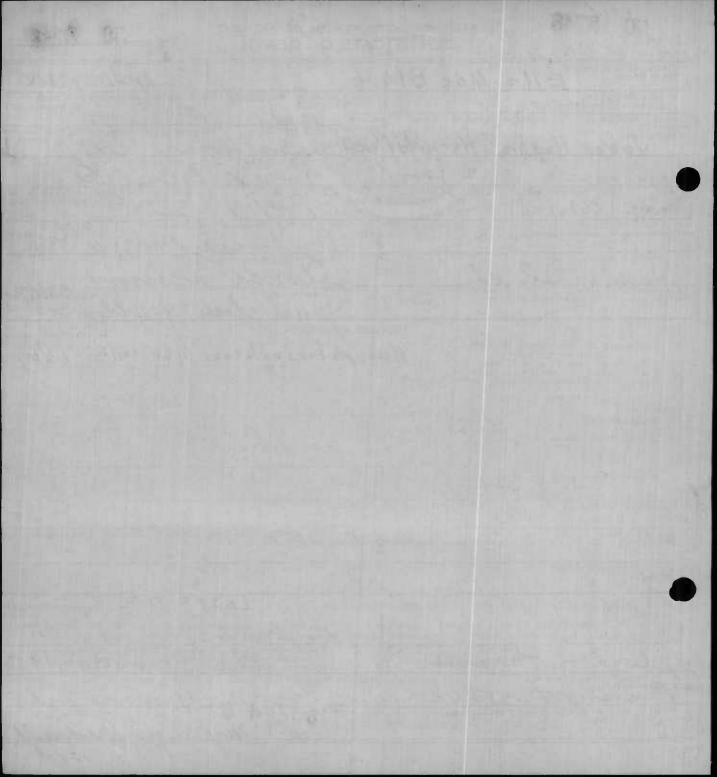
28. FUNERAL DIRECTOR

ADDRESS

VS 151

JSWWW.

LOCAL REGISTRAR



## 3 60 8749

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered	No_	

B!	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	)
1.	NAME OF D		cot	Potts		2. DATE OF DEATH	111950
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE		stitution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or		If outside corporate limits,	write RURAL and give
IN	STITUTION	100 N. Um	ivers	ity Pkwy.	13	incre	township)
	42 6		MILA	yrs. Mos.	110 1/10	If rural, give location)	Phenry
Section 1	Length of s	tay in Baltimore 6.COLOR OF RACE		Days E, MARRIED.	8 DATE OF BIRTH	9. AGE (in years )	nder I Year   II Under 24 Hours
	チ	SV		Single (Specify)	June 4 1879	last birthday) Mon	ths Days Hours Min.
work	A. USUAL OC done during most	CUPATION (Give kind of or working life, even if retired)	60 01	O OF BUSINESS OR INDUSTRY	Balls Co	mo loreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		P	Th	14. MOTHER'S MAIDEN	NAME PERK	An.
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17) INFORMANT	O' PAD	DRESS
	no	-	,	L SECONTI NO.	James 1	ker & cclesi	on ond.
	18. 420				OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA not mean the mode	TH	(in	nany Otch	usion the	- Oct. 11 = 50
	heart failu	ore, asthenia, etc. It me complication which	ans the diseas	se, h.) OUE TO	a nal	3	
_		ANTECEDENT CAU	SES	are	erro Schro	262	1 year
TION	DISEASE	S OR CONDITIONS,	F ANY, GIVI	NG (B)	y for Course		
CA	UNDERL	YING CONDITION L	AST.				
RTIFI		П		(C)			
CER	TRIBUTING	SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED			
L				FINDINGS OF OPER			20. AUTOPSY?
DICA	21A. ACCIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i		(If in Baltimore City, gi	ve exact location)
ME	210 TIME	(Month) (Day) (Year		21E. INJURY OCCURR		DV OCCUPA	
	OF INJURY	(Month) (Day) (Tear		WHILE AT NOT WHILE AT WORK		RY OCCORY	
	22. I hereb	y certify that I at		11-	1950 to 6	oct /1 0 1950	that I last saw the
	deceased a		,195		rred at 10 m., from	the causes and on the	
	ZSA. SIGNA	14.100	late	end M.O.	15 G. Bill	ext	SCE 12/50
TIS	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Oct 14	1950	Green of CEMETE	count 240.	Balfo., M	r county) (State)
9-01	TE RECEIVE	RAR	ulijam 87/	JRE JO A O	25. FUNERAL DIRECTOR	autores to to	ADDRESS
	VS 150	3	1)	ASSESSED !	Maria Harrown	John to Tyo	C) Junion
11							0940

15 E Biddlest

#### BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Oct 12,1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Galto. G. MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION - 20 Bastimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Rever Length of stay in Baltimore middle. Days 5. SEX 7 SINGLE MARRIED 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH H Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of work develoring most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTR WHAT COUNTRY horsework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from out 2, 1950 to oct 12, 1950 that I last saw the

23A. SIGNATURE

deceased alive on Oct 11 1950, and that death occurred at 3:156n., from the causes and on the date stated above. 23c. DATE SIGNED

23B. ADDRESS

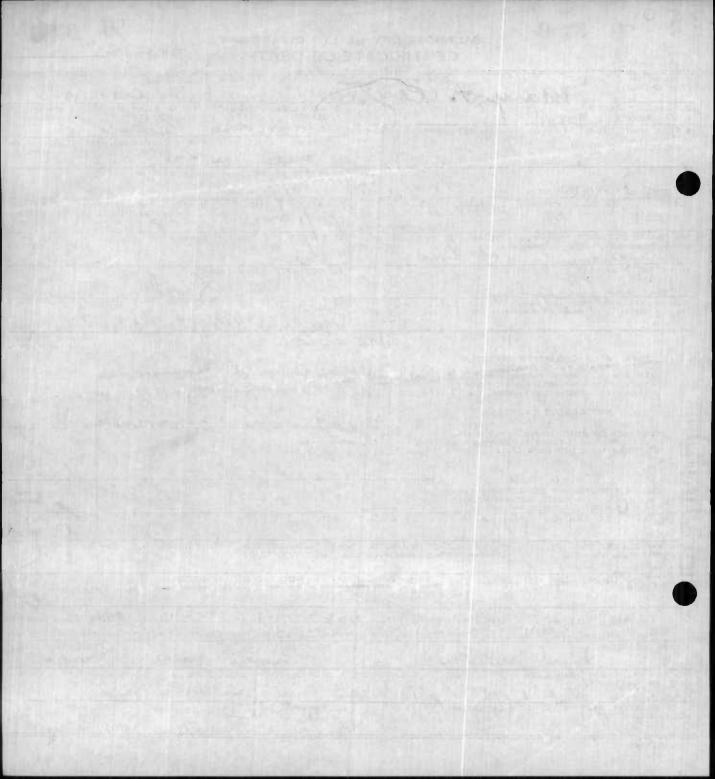
24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify)

24D. LOCATION (City town, or county) eta. Co.

DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

LOCAL REGISTRAR

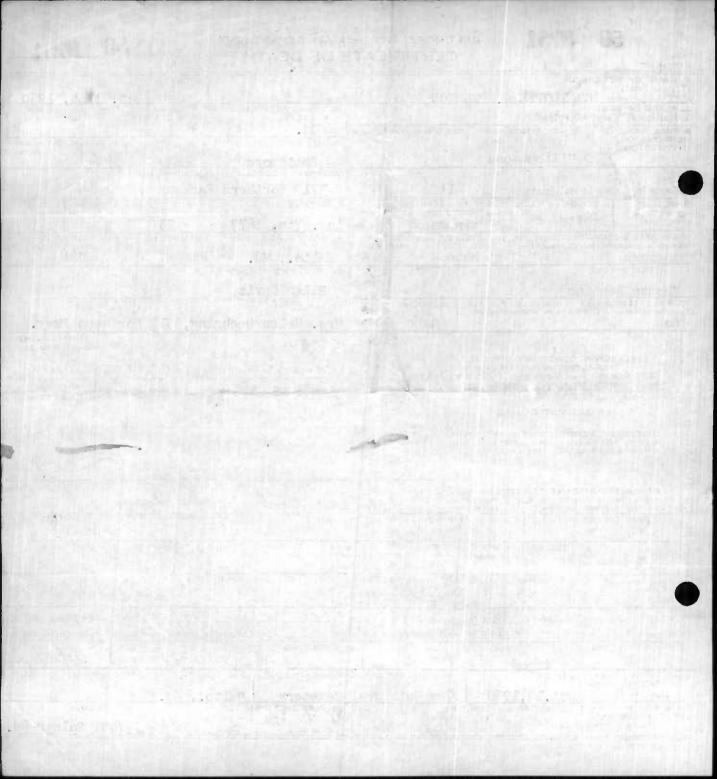
25. FUNERAL DIREC



#### BALTIMORE CITY HEALTH DEPARTMENT

	():	CHAIR A
Registered	No.	5.51

В	IRTH NO.			CERTIFICATI	OF DEATH	7	
1. NAME OF DECEASED (Type or Print)					ξ.	2. DATE	
CHARLOTTE A BENNION				ITON		DEATH Oct.	11th, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland					4. USUAL RESIDE	ENCE (Where deceased lived, If	institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or			,
	OSPITAL OR			location)	c. CITY OR TOWN	(If outside corporate limits	
61		3520 Hilton R	oad		Baltimor	e 27-0	townshlp)
	The latest			Yrs.	D. STREET ADDRE	ESS (If rural, give location)	
	Length of s	stay in Baltimore		life Mos.	3719 North	hern Parkway	
5.	SEX	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   fi Under 1 Year   fi Under 24 Hours   last birthday)   Months   Days   Hours   Min.		
f	emale	white		ngle	Aug. 7th, 1		
1C	A. USUAL OC	CCUPATION (Give kind of uf working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF
la .	usework	di working ino, even il recired/	at hon	ne	Balto., Md. WHAT COUNTRY USA		
13	FATHER'S	NAME			14. MOTHER'S MA		
	Thomas E	Rennian			Ellen Dav	is	
15	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Ye	e, uo or unknown) NO	(If yes, give war or date	of service)	security No.			
			-	*		Deehring, 3719 Nort	
	18. /52	1 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA			A A d a company	a. or Colm	11/11
		es not mean the mode oure, asthenia, etc. It men	f dying, e. g			7 50 500	· Jeans
		complication which				U	
		ANTECEDENT CAUS	ES				
Z				(B)			
E	RISE TO	S OR CONDITIONS, I	STATING TI				
Y	UNDERL	YING CONDITION LA	ST.				
RTIFICATION				(C)			
F	OTHER	II SIGNIFICANT CONDI	TIONS CO			- 1	2
GE	TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATI	ED (11)	erwebrok	e ander - Bula	1 4
1				FINDINGS OF OPER	ATION	Bud Diela	20. AUTOPSY?
A							YES NO 12
EDICA	21A. ACCID HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e			rive exact location)
	HOMICIDE	(Specity)	about nume,	at m, ractor y, street, omce brug.,	INSORT CCCO		
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
H	22 / Lauri	has a maife at me 7 mes			10/25 194	16- 10/11 10/17	, that I last saw the
	deceased a	by certify that I att		and that death occur			
	23A. SIGNA		, 19.1 7.		38 ADDRESS /	from the causes and on th	23c. DATE SIGNED
			us.	12 Cusas.	1115 4	· (alvert or	10/11/13.
2.	4A. BURIAL.	CREMA- /248. DATE		24C. NAME OF CEMETE			
hurial Oct. 1/1.1950 New Cathedral (				Num Cath adas?	0	n-74- Wa	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE				New Cathedral	Cemetery	Balto. Md.	ADDRESS
	OCAL REGIST	TRAR	747		67 37		
=	3		unkov!	Y MARKELLE IME	assahu	Timeral Home	101 Belair Rd.
	VS 150		0	7208	24		0111
				1200	11		046 &



BALTIMORE Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) Marquer le OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. CQUINTY before admission) (If not in hospital or institution, give street address or Mary And alto B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION men's Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bencer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) FIC RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY pelvic + intestine 18. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE! AT WORK WORK

22. I hereby certify that I attended the deceased from. deceased alive on oct. 10 1950 and that death occurred at_

. 1950, that I last saw the 1950 to Uct 10 _m., from the causes and on the date stated above. 23A. SIGNATURE

ey of mel 24A. BURIAL CREMA 248. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county)

TION, REMOVAL (Specify) Kirdal.

DATE RECEIVED BY FUNERAL DIRECTOR 35 ADDRESS LOCAL REGISTRAR

U VS 150

Fint, Wary accepte the Usaca's Hazerfel Marie H.L CALER Spartur 420

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

ВІ	RTH NO.		C	EKIII	TICATE	OF D	EAIR			
(T;	NAME OF DECEASE	Cha	RZES	€.	T.W.	Elc	h	2. DATE OF DEATH	10-1	11-50
	PLACE OF DEATH: Baltimore City, M	aryland (	3ATTI	MOR	35	4. USUAL A. STATE	RESIDENCE (	Where deceased la		tution : residence before admission)
	FULL NAME OF (I	If not in hospita	1	1	t address or location)	c. CITY OR	VIARY	12 ANA	te limits wr	ite RURAL and give
IN	STITUTION	11 00	VERLA	Na.		13	A) TIA	NORE	27-	() 2 township)
			- 1	2	Yrs. Mos.	D. STREET	ADDRESS (I	rural, give locat	ion	
E	Length of stay in SEX 6.COL	Baltimore OR OR RACE	7 CINCLE	MADDIED	Days	28/ B. DATE OF	1 OVLK	9. AGE (In ye	H V Z	1 Year It Under 24 Hours
2	107 8 718	PITE	7. SINGLE, N		ED (Specify)	901	12 188	last birthd		Days Hours Min.
	A. USUAL OCCUPATI		10B. KIND O			11. BIRTHP	LACE (State or	foreign country)		CITIZEN OF
J	nuck Loa	7.	NN. R.	R.	INDUSTRY	BA	LTIMO	ORE	121	SA.
13	FATHER S NAME	- /	2/12	P		14. MOTHE	R'S MAIDEN N	IAME	4.137	
15	. WAS DECEASED EVER	ON N	WELC	6. SOCIA		MA	RYDO	rud		
(Yes	no or unknown) (If yes	give war or dates	of service)		RITY NO. 2	Mrs. A	1122 RE	a E W	2) ch	OVER AND
	18. 442X				CAUSE O	F DEATH	+			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR LEADI	NG TO DEAT	'H		Cardes.	Vance	las to	al Dis	Race	7
	(This does not me heart failure, asthe injury or complic	nia, etc. It mear	ns the disease,	(A) .						
	ANTEC	EDENT CAUS	ES		C.	erio	00.			
CERTIFICATION	DISEASES OR CO			(B) .	********************	eno-	-07/2	<del></del>		
AT	UNDERLYING CO	VE CAUSE (A) ONDITION LA	STATING THE	DUE TO						
IFIC				(C)						
RT	OTHER SIGNIFIC				11 4	,	arelate			10
Ö	TO THE DISEASE	OR CONDITION		INDINGS	OF OPERA		mann	2		20. AUTOPSY?
AL	19A. DATE OF OPER	TATION O	SE, MAJOR P	INDINGS	OF OFERA	11014				YES NO
EDICAL	21A. ACCIDENT, SU HOMICIDE (Spec				URY (e.g., in eet, office bldg., etc		HERE DID	(If in Baltimore	City, give	exact location)
Σ	21D. TIME (Month)	(Day) (Year)	(Hour)   21	E. INJUR	Y OCCURRE	21F. HC	N DID INJUE	RY OCCUR?		
L	MAJORY			ORK ORK	NOT WHILE					
	22. I hereby eerti				10110	10				eat I last saw the
	deceased alive on_	10/10	, 19 <u>Y D</u> , an	ed that d		B ADDRES	S			ate stated above.
	For	era S.	Blu	u	M. D.	///\	1- 4 . (al	wer h		10/12/10.
24 TIC	A. BURIAL, CREMA-	24B. DATE	24	C. NAME	OF CEMETER			LOCATION (Cit	y, town, or c	ounty) (State)
1	wald 250	10-19-1	730 0	are	nl 6	enle	Was 13a	llunor:	5-60	DRESS
	CAL REGISTRAR	REGISTRAR'S	SIGNATURE	Marila,	M	Time	ALPDIRECTOR	m Klin	544	4/Belain Re
	VS 150		9	70	50				/ 2	Zonelo
									1	1000

Dr. Blum 1115- n. Calvert st. 1600

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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		196	э	9
egistered	NO			

12 1	RTH NO.		CE	RIIFICAT	E OF DEATH	, R	egistered No	
		CED				10.50		
	NAME OF DECEA 'ype or Print)		1. W/	LLIAM	LAMTON	2. DAT OF DEA	- 0	12-50
	PLACE OF DEATH Baltimore City,	:	* WV /	AALTUUL	4. USUAL RESIDEN		ased lived. If insti	
В.	FULL NAME OF	(If not in hospital or i	nstitution, gi	ive street address o	MD.		7-4-6	3
	STITUTION /3	7 E. WE	STS	7.	C. CITT OR TOWN		rpcrate limits, wr	rite RURAL and give township)
	0			Yrs.	D. STREET ADDRESS	MORE 5 (If rural, give	e location)	
	Length of stay in	n Baltimore		Mos. Days		WEST		
-c.com		DLOR OR RACE   7. S	INGLE, MA		8. DATE OF BIRTH	9. AGE	(in years     Under	l Year   If Under 24 Hours Days   Hours   Min.
1	N.	1 11 /	MARR		Sept. 18-1	1889 6	, / Months	L'ays Hours Min.
	A. USUAL OCCUPA done during most of worki		KIND OF	BUSINESS OR INDUSTR	11. FIRTHPLACE (Sta		ntry)   12.	CITIZEN OF WHAT COUNTRY?
4.0	ELECTR.	ICALIA	AILR	OAD	Maryl 14. MOTHER'S MAIL	and		U.S.A
13	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME		
15	WAS DECEASED EVI	R IN U. S. ARMED FOR		SOCIAL	MARY	VOHN.		
(Ye	e, no or unknown) (If	yes, give war or dates of ser		SECURITY NO.	17. INFORMANT	2 +	ADDR	Dec D 10
	NO			CALICE	Trances H	awron	13/6.	INTERVAL BETWEEN
	18. 002X	I CONDITION DIRE	CTLV	CAUSE	OF DEATH			ONSET AND DEATH
	LEA	CONDITION DIRE		4	Monare	Tuber	entoria	10 ws?
	heart failure, as	mean the mode of dyi thenia, etc. It means the dieation which caused	e disease,	DUE TO				
			death.)	DOE 10				
Z	ANT	ECEDENT CAUSES		(B)				
ATION		CONDITIONS, IF ANY		DUE TO				
SA.		CONDITION LAST.						
F		11		(C)		g-1-5 m. ; i ;		
RT		II FICANT CONDITION						
CE		THE DEATH, BUT NOT E OR CONDITION CAU		***************************************				
۲	19A. DATE OF OF	ERATION 0 198. N	MAJOR FIN	DINGS OF OPE	RATION			20. AUTOPSY?
CA	21A. ACCIDENT,	SUICIDE 2	IB. PLACE C	OF INJURY (e.g.	is or 21c. WHERE DIE	O (If in Balt	imore City, give	exact location)
EDICAL	HOMICIDE (Sp			ctory, street, office bldg				
Σ		h) (Day) (Year) (Hou	r)   21E. I	INJURY OCCUR	RED 21F. HOW DID I	NJURY OCCUR	??	
	F INJURY		m. WHILE		E	-		
	22. I herehu cer	tify that I attende				to Oct.	1927 +1	nat I last saw the
					urred at 10 A.m., f			
	23A. SIGNATURE				238 ADDRESS	e - b	1 2	3c. DATE SIGNED
	U/ 4/	ner Moo	na	м. р.	3105 120	com /4	C .	10-13-50
	4A. BURIAL, CREMA ON, REMOVAL (Specify		24c. I	NAME OF CEMET	TERY OR CREMATORY	24D. LOCATION	(City, town, or e	ounty) (State)
	BURIAL ATE RECEIVED BY	Oct. 16-5	OH	oly Xor	oss Loom.	CTOR	A.A.CO.	Mo.
	OCAL REGISTRAR	REGISTRAR'S SI	SNA PORE	and Me	25. FUNERAL DIREC	EVI D	G 113	DRESS WEST
1	OCT 1 3 1950	A.			Charlett	Harle	Juc.	18.
	VS 150				-		1	151

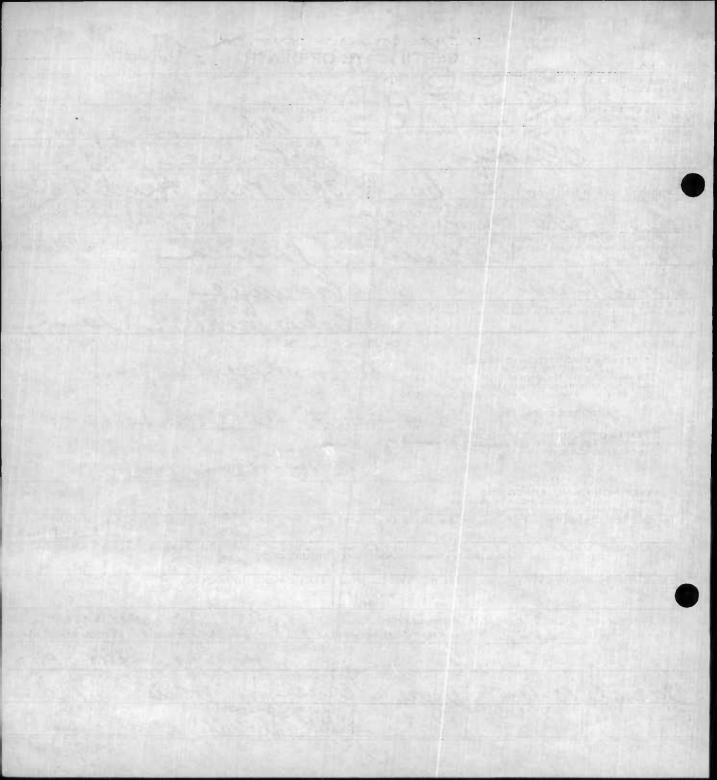
9th 10 Am Dr. Moore Old

## 260 50 8755

## BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.			CERTIF	FICATI	E OF DE	ATH	Registere	d No	
1	NAME OF DE				10		1	2. DATE	1	
			CK	ER,	154	140		DEATH (	1041	250
	Baltimore C	EATH: Sity, Maryland			-13-	A. STATE	SIDENCE (	Where deceased lived B. COUNTY		n: residence fore admission)
	FULL NAME (	OF (If not in hosp	ital or institut	ion, give stree	t address or	1/1	101	12	12	parally desired and the second
	STITUTION	Men	me			C. CHY OF T	_	f outside corporate li	mits, write Ri	URAL and give township)
		450-0		,	Yrs.	S. STREET AL		rural, give location)	0.4	
	Length of st	tay in Baltimore		60	Days	3810	Par	K Hei	alits	ase
5	SEX	6. COLOB OR RACE	7. SINGLE	MARRIED.		8. DATE OF B	IRTH	9. AGE (In years	H Under 1 Year	H Under 24 Hours
11	lalo 1	White	ma	ED, DIVORC	ED (Specify)			Jagt bir hda	Months: Days	Hours Min.
10	A. USUAL OC	CUPATION (Give kinds f working life, even if retires	of 10B, KNNE	OF BUSINI		11. BIRTHIA	CE (State or f	oreign country)	12. CITI	
		quer	Clo	mui	4	100	issi	a	WHA	T COUNTRY?
1:	FATHER'S N	AME			1	14. MOTHER'S	MAIDEN N	AME		
6	Mers	ream				1000	uns			
1: (Y	MAS DECEASE	D EVER IN U. S. ARM (If yee, give war or da	ED FORCES? tes of service)	16. SOCIA	L RITY NO.	177 NFORMAL	NT A	,	ADDAESS	0
						bella	Her	ler -	da	we
	18. 420	10			CAUSE	OF DEATH				T ANO DEATH
	DISEAS	E OR CONDITION			m		0 %.	-1 - 1		
	(This does	not mean the mode re, asthenia, etc. It m	of dying, e. s	(A)		greoi	1921	al info	reco	
	injury or	complication which	caused death	.) OUE TO		0				
		ANTECEDENT CAL	JSES		Con	0.000	p. H	pant.		
No.	DISEASES	OR CONDITIONS	IF ANY, GIVIN	(8)		10 700	احج حر	1008700	0 CD	**********************
FA		HE ABOVE CAUSE (A		HE OUE TO						
TIFICATIO						AC	HD			
E		- 11	D	(C) .	************	/\				***************************************
ER	TRIBUTING	IGNIFICANT CON	T NOT RELATE	ED.						
U		F OPERATION	198. MAJOR		OF OPER	ATION			20.	AUTOPSY?
N A							15 4125		YES	NO O
DIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJU				If in Baltimore Cit	y, give exact	location)
M										
	OF INJURY	Month) (Day) (Yea		21E. INJURY			DID INJUR	Y OCCUR?		
			m.	WHILE AT WORK	NOT WHILE					
		y certify that I a				3412		at 12, 19		
		ive on Oct 12		and that de			_m., from t	the eauses and or		
	23A. SIGNAT	FURE	11/1001	tere		3B. ADDRESS	· Interes	2. Bo I diest		ATE SIGNED
2	4A BURIAL, C	REMA- 248. DATE			M. D.	RY OR CREMAT	//	OCATION (City, to		
TI	4A BURIAL, C ON TEMOVAL (S	pecis)	-15	19110.	· al	mage		Galto		Wd.
	ATE RECEIVED	BY   REGISTRAL	R'S SIGNATE	RE		25 FUNERAL	PREGIOR	A mon	ADDRES	is ()
	OCAL REGISTI	RAR	11/11	The state of		LAUKT	3,0-30	XP, 2 (00	6 de	us Il
=	VS 150	70		*	17					,
	13 130		2		0				09	13 d
			*						1	



165 50 8756

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

.50 8756

В	RTH NO.			CERTIFICAT	E OF DEAT	H Registe	red No.
	NAME OF DE	7 1 4 4	.1			2. DATE	11
		sertrude Hon	Mowitz		II A LIGHAL DECED	OF DEATH (	012150
Α.	Baltimore C	ity, Maryland B	altipure.	Haryland	A. STATE	B. COUNT	red. If institution: residence TY before admission)
H	FULL NAME O	F (If not in hospit	al or instituti	on, give street address of location	C. CITY OR TOWN	(If outside corporate	limits, write RURAL and give
3	outle Balti	More General	Hazzita	1	Billing	15	township)
•	3			Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location	on)
Ų		ay in Baltimore		Days	1808 Warn	ick Ave.	
٥.	SEX	6. COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRT		Ars H Under 1 Year H Under 24 Hours  Months Days Hours Min.
10	A. USUAL OCC	UMTE UPATION (Givekind of	Single	OF BUSINESS OR	11. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF
wor	done during most of	orking life, even if retired)	THOUSE	INDUSTRY		Russia	WHAT COUNTRY
13	. FATHER'S N.		Preside	approximately .	14. MOTHER'S MA	AIDEN NAME	
1	YMAN Abra	mounts.		J	Have Sudal	Son	
15 (Ye	WAS DECEASE	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	1	ADDRESS
_					Newry as	ramounts 18	od borweekthy
	18. 420			CAUSE	OF DEATH	1	ONSET AND DEATH
		E OR CONDITION LEADING TO DEA	TH	acus	te Curan	w Harman h.	1 12 hours
	heart failur	not mean the mode of e, asthenia, etc. It mea complication which of	ns the disease	2,	- wo-nu	y monos	15 1 - 20ms
		ANTECEDENT CAUS					
z				(B) ar len	oschotic	Heart Diseas	٠
TION	RISE TO TH	OR CONDITIONS, I	STATING TH	G E DUE TO			
CA	UNDERLII	ING CONDITION LA	ST.	(C)			
TIFI		- 11					
ERTI	TRIBUTING	GNIFICANT CONDI	NOT RELATE	o Kucke	ne shu tis		
O.		OPERATION 1		FINDINGS OF OPE			20. AUTOPSY?
AL		Ü					YES NO
IEDICA		ENT WAS UNDER- CONTRIBUTING		CE OF INJURY (e. g., arm, factory, street, office bldg.			City, give exact location)
Σ	21D. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DIE	INJURY OCCUR?	
			m.	WORK NOT WHILE			
				deccased from 8			19, that I last saw the
		ve on 10 listso	_, 19			., from the causes and	on the date stated above.
П	Martie	C. Macc	Mari	hour M.D.	1213 Hight	Street	23c. DATE SIGNED
24	A. BURIAL. C	REMA- 248 DATE		24C. NAME OF CEMETI			
4	N, REMOVAL (S	10-13-	50	Kozea	ale	100	eto rud
	ATE RECEIVED		SEGNATU	the Or 10	Lack Lee	EUSTRE 210	o Entrio Il
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET Yrs. rural give location) Length of stay in Baltimore Days 7. SINGLE, MARRIED. WOOWED DIVORCED (Specify) 5. SEX 6. COLOR OR RACE AGE (in years) If Under 1 Year If Under 24 Hours last Arthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Giv kind of work deficulting most of working life, even i retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injurie or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (8) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that Lattended the deceased from 19) that I last saw the deceased alive on [ 19 and that death occurred at from the causes and on the date stated above. 23A. SIGNATURE 224. DATE SIGNED 238. ADDRESS 24A BURIAL, CREMA-248, DATE MAME OF CEMETERY OR CREMATORY 24D. LOCATIOn City, town, or county DATE RECEIVED BY 25. RUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

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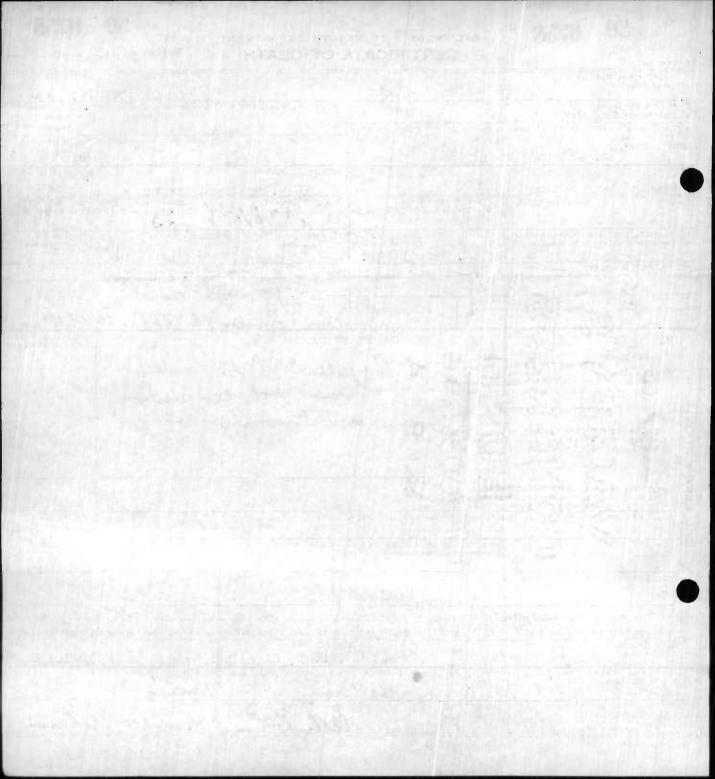
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LOCAL REGISTRAR

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#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICAT	E OF DEATH Registered No
BIRTH NO.	
(Type or Print) George Washington Butz	2. DATE OF DEATHOCTOBER 10, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Joseph's Hospital	Baltimore 7-63 township)
Length of stay in Baltimore Yrs.  Mos. Days	11 (20 00 00 10 10 1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH . O. AGE (In years If Under I Year If Under 24 Hours
Male   White	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work dooe during most of working life, evec if retired)  Mechanic  Balto. Transit Co.	Raltimore, Maryland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DE EASED EVER IN U. S. ARMED FORCES   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	My Charles Walthews 9044 Maca
18. 443X 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	to the car Cardin to de
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	remine com remine
injury or complication which caused death.) OUE TO	pertensie Cardio Vascular Dueau wah deum pensation. and terminal viesnia.
ANTECEDENT CAUSES (B)	and termal useria.
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
L	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
21a. ACCIDENT, SUICIDE.   21b. PLACE OF INJURY (e. g.,	io or   21C. WHERE DID (If in Baltimore City, give exact location)
V 21a. ACCIDENT. SUICIDE. About home, farm, factory, atreet, office bldg	
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR.	E
22. I hereby certify that I attended the deceased from 2	
deceased alive on 10/10/, 1950, and that death occur	urred at 11:58 An Morom the causes and on the date stated above
23A. SIGNATURE and Loffay h. M.O.	238. ADDRESS 1400 N. Caroline Street 10/10/50
24A. BURIAL, CREMA-, 24B. DATE / 24C. NAME OF CEMET TION, REMOVAL (Specify) ON 1360 Ball	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	ADDRESS  WHERE DIRECTOR ADDRESS  WHOME JOSY Of Leaves
Vs 150	The state of the s
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#### BALTIMORE CITY HEALTH DEPARTMENT

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	1		3 CHANGE	ВА	LTIMORE CITY	HEALTH DE	PARTMENT		-50	8759
	ВІ	IRTH NO.			CERTIFICA	ATE OF D	EATH	Register	red No	
		NAME OF D	ECEASED	JOSE	oh A 110	RSA		2. DATE OF DEATH	10/11	150
		PLACE OF D Baltimore (	EATH: City, Maryland	/			RESIDENCE (	Where deceased live		
	B.	FULL NAME		spital or institu	tion, give street addre	sor	md.	Balt	Tmak	Re
		ISTITUTION	~	0	locat	c. CITY OR	TOWN (I	f outside corporate	limits, wri	te RURAL and give
yry.		6	KANKLIN C	JUARR,	HOSPILAL			ore -	7-1	7
8		Longth of a	tay in Baltimor		M	rs. O. STREET	ADDRESS (II	rural, give locatio	1	
3	-	SEX SEX	6. COLOR OR RA		E, MARRIED.	8. DATE OF	BIRTH	19. AGE (In year		
an	1	nola	1.16 to	WIDO	WED, DIVORCED (Sp		2 1802	last birthday	) Months	Days Hours Min.
611	10	A. USUAL OC	CUPATION (Give ki	ndof 10B. KIN	D OF BUSINESS OF	11. BIRTHP	LACE (State or f	oreign country)	12.0	CITIZEN OF
Tea	worl	k done during most	of working life, even if ret	ired)	INDUS	.Co.(Val		TA 7 \		WHAT COUNTRY
7 113	13	FATHER'S		Cantra	T PRINTE PR	14. MOTHE	R'S MAIDEN N	AME	1	0.2.
nea		Giusepp	e Aversa			Filip	pina Gua	rnera		
10	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.					17 INFORM			ADDRE	ss
202	r	10			214-05-10	ref on	Aversa	5344 W	inner	Avre
ממ		18. 153	*		CAUS	E OF DEATH	1		11	NTERVAL BETWEEN
200		DISEAS	SE OR CONDITIO		04	-01.				NOET AND DEATH
2017	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
200	Z ANTECEDENT CAUSES Outestul obstruction.									
anzal .	RTIFICATION	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
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1	Ë		П		(C)	Andria Alan San	aucung	un con		
	ш	TRIBUTING	SIGNIFICANT CO	BUT NOT RELAT	TED					
1	U,		F OPERATION		T FINDINGS OF O	PERATION	• 4			20, AUTOPSY?
	AL			abel	ruction du	To Corcer	uma de	ocending c	olon	YES NO
	EDICA	21A. ACCIDE HOMICIDE	(Specify)		ACE OF INJURY (e., farm, factory, street, office b		DCCUR?	If in Baltimere C	ity, give e	xact location)
	Σ	21D. TIME (	(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCU	IRRED 21F. HO	W DID INJUR	Y OCCUR?		
		OF INJURY		m.	WHILE AT NOT WE WORK AT WO					
П		22. I hereb	y certify that I	attended the	e deceased from C		. 1950 to	00 11	19 <b>50</b> the	nt I last saw the
1		deceased al	live on Oct. 11	, 1950	and that death or	ceurred at 5:05	A.m., from	he causes and	on the da	te stated above
		23A. SIGNA	TURE C	Change	en	239 ADDRES		. 14-11		C. DATE SIGNED
	24	AA. BURIAL	REMA- 248. DAT	F	M. D. 24C. NAME OF CEM	ETERY OR CREMA	TORY 240 I	OCATION City,	town or cor	unty) (State)
	TIC	ON REMOVAL (S	pecify) Oct.		New Cathe					
		ATE RECEIVE		AR'S SIGNAT	URE///A CAULTE	ZSeFUNER	DIRECTOR	OU OIG F	reder	ICK Rd
		CAL REGIST	RAR	and all	- Gundwall W.	1.04/1	20000	10 00 322		gh St.

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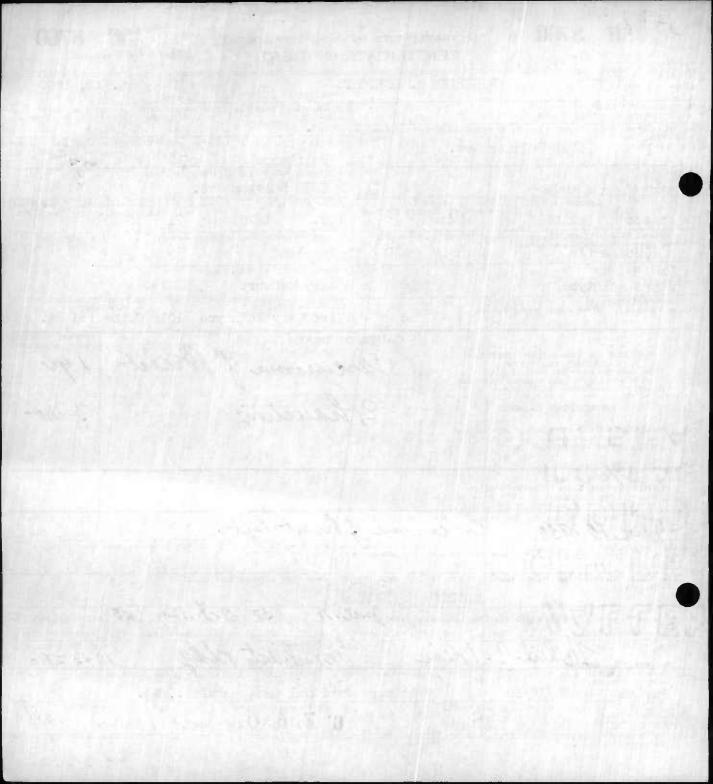
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	100,000,00	10		
1. NAME OF DECEASED (Type or Print)	KATHERINE E. SPEICH	HTS   2. DATE Oct. 12, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit	al or institution, give street address or	4. USUAL RESIDENCE (Wh A. STATE Md.		institution: residence before admission		
HOSPITAL OR 3919 Bely	vieu Ave.	c. CITY OR TOWN (If o	utside corporate limit	ts, write RURAL and give township		
Length of stay in Baltimore	Yrs. Mos. Days	o. street address (If ru 3919 Belview Av				
female   6.COLOR OR RACE   white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WI DOWED	8. DATE OF BIRTH NOV. 1878	9. AGE (In years last birthday) Mo	f Under   Year   If Under 24 Hours on this Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE		11. BIRTHPLACE (State or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY		
James McIntyre		14. MOTHER'S MAIDEN NAM	ИE	Ri-Oute in		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date no	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Mary McIntyr		DDRESS hedral St.		
Z O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING CONDITION LA TRIBUTING TO THE DEATH, BUT	3 mo-					
U TO THE DISEASE OR CONDITION	NOT RELATED CAUSING IT.					
21. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	98. MAJOR FINDINGS OF OPER  CULLUMN  218. PLACE OF INJURY (e. J. in about home, farm, factory, atreet, office bidg., e	nor   21c. WHERE DID (If	in Baltimore City, 1	20. AUTOPSY? YES NO give exact location)		
21b. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
22. I hereby certify that I att deceased alive on 23A. SIGNATURE Third	( I'VIAU)		e causes and on the	I, that I last saw the he date stated above 23c. DATE SIGNED		
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 10/16/5	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO				
	S SIGNATURE	25. UNERAL DIRECTOR	mer V Si	ADDRESS DALLY		
VS 150	1 milanis, Me	0	4-12-1	050.0		

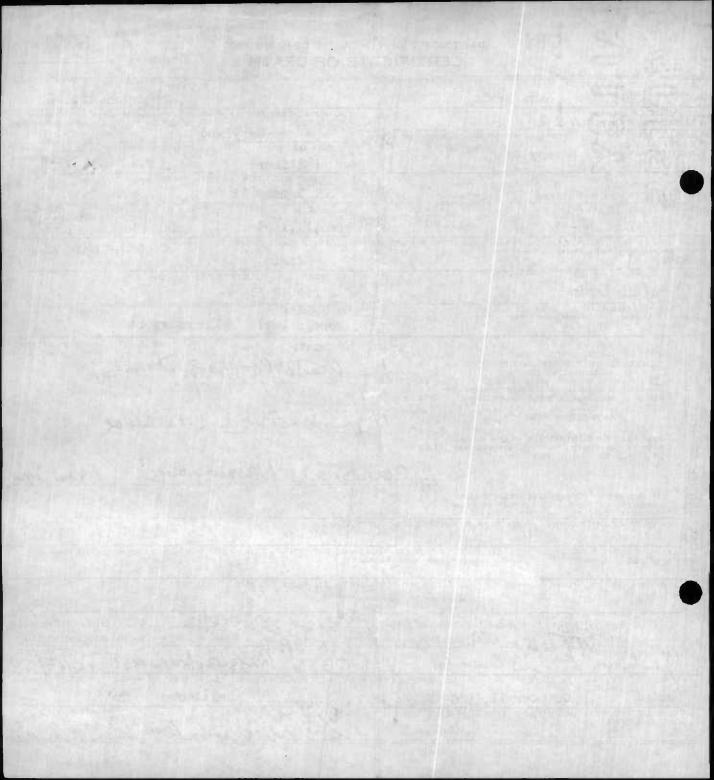


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

15		DIMON .
Registered	No_	177174

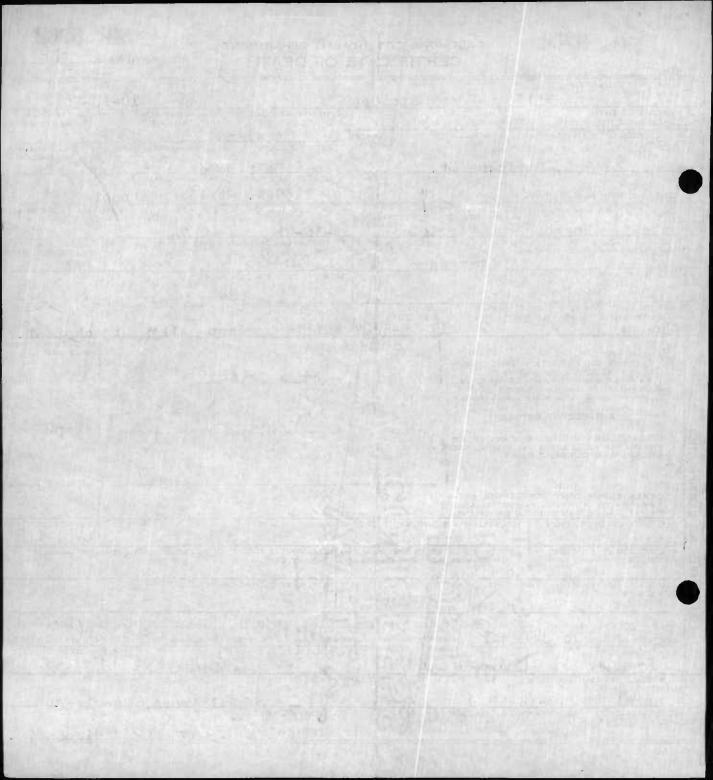
BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	1 No			
I. NAME OF E					2. DATE				
(Type or Print)		Levin				ober 12,1950			
a. Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY				
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or instituti	on, give street address or location)		land				
INSTITUTION	901 Remsey	St	iocation)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)			
3 (3)			Yrs.	Baltimore D. STREET ADDRESS	(If rure) give location)				
Length of	stay in Baltimore	10	Mos.	901 Remsey St					
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	S. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours					
Female	White	WIDOW	ED DIVORCED (Specify)	Dec,11,1891	last birthday)	Months Days Hours Min.			
10A. USUAL OC	CCUPATION (Give kind of	103. KIND	OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF			
House Wil	of working life, even if retired)		INDUSTRY	Russia		WHAT COUNTRY?			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME				
Philip	p Levin			Sarah ?					
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS			
(200, 200 01 011220011)	(2. 300, Bate Hat of date	or activide)	SECURITY NO.	Morris Levin	901 Ramsey S	t			
18. 420			CAUSE	OF DEATH		INTERVAL BETWEEN			
	SE OR CONDITION	DIRECTLY	11	An To Car	shows Thro	ORSEL AND DEATH			
(This doe	LEADING TO DEA	TH of dying, e.s	(A)	Acute Cori	mur , sour	J. 21/24			
heart fail	ure, asthenia, etc. It med complication which	ins the diseas	e,						
			11.		0 11 1 1				
Z	ANTECEDENT CAUS	e E S	(8) 149	pertensive	C. V. 131 De	ase			
DISEASE	ES OR CONDITIONS, I	F ANY, GIVIN	IG DUE TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
UNDERL	YING CONDITION L	AST.							
			- Cere	Sral Her	monhoce	about 7mg			
OTHER	SIGNIFICANT COND	ITIONS COL							
H TRIBUTIN	IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATI							
			FINDINGS OF OPER	ATION		20. AUTOPSY?			
N ACCID						YES NO			
21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e.g., i arm, factory, street, office bldg.,		(If in Baltimore City	y, give exact location)			
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?				
OF INJURY			WHILE AT NOT WHILE						
22 I hand	has a mostific thank I was	m.	description AT WORK	ile. 10500	10/12 10	Sthat I last saw the			
deceased a	by certify that I att	enaea inc	and that death occur	red a voy og m from		the date stated above.			
ANA. SIGNA		7		3B. ADDRES	to the causes white or	23c. DATE SIGNED			
July	wa C. /	The	ch M.D.	5356 /dei	slestownk	0 10/13/50			
24A BURIAL. TION, REMOVAL (	CREMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24	LOCATION (City, to	wn, or county) (State)			
Burial	Octobe	r 13,19	50 Mogan Abra	ham Cemetery	Baltimore	Md			
DATE RECEIVE	ED BY   REGISTRAR			25 FUNDRAL DIRECTO	OR .	ADDRESS //26			
LOCAL REGIS		stor No	Maria, A.	Sol Luin	wont Bus	W Worth our			
VS 150		0		7 00 00		2 - 1			
						0930			



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#### BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered N	0.35
	NAME OF I	DECEASED				2. DATE	
	ype or Print)		iam He	nry Stewart		OF	-10-50
	Baltimore		292 2		4. USUAL RESIDENCE (W)	here deceased lived, If B. COUNTY	institution : residence before admission)
H	STITUTION			on, give street address or location)	Maryland c. CITY OR TOWN (If c	outside corporate limits	s, write RURAL and give township)
13	6	1139 N. Str	icker	St.	Baltimor	10-1	) Proposition of the property
				Yrs.	D. STREET ADDRESS (If r		
-		stay in Baltimore		Mos. Days	1139 N. Str		
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mo	under 1 Year   Il Under 24 Hours nths Days Hours Min.
	Male	Negro		rried	7-30-76	71	
l O werl	A. USUAL OG	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
			Stev	edore	Charles 6	· md	USA
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	ME	
		unknow	w		Lungen	~	
(Ye	. WAS DECEAS	ED EVER IN U. S. ARMES	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Αl	DDRESS
	No			217-05-5227	Hattie Stewart	7770 01	tricker St.
	18. 500	X			OF DEATH	7127 81	INTERVAL BETWEEN
	10	SE OR CONDITION	DIRECTIV				ONSET AND OEATH
		LEADING TO DEA	TH	Y	more and it	•	Lind/a
	heart fail	es not mean the mode oure, asthenia, etc. It mes	or dying, e. g	e, (A)e.		<b>3</b>	000
	injury of	complication which	caused death	.) DUE TO			
		ANTECEDENT CAUS	SES		7-		
Z	(B) Mai nomation						lenger
은		S OR CONDITIONS, I			and the same		
ERTIFICATION		YING CONDITION L					
F				(C)			
E		II		(C)			
EF	TRIBUTIN	SIGNIFICANT COND	NOT RELATE	.0			
Ü		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL			0.0.1.1.10011	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES NO
EDICAL		ENT, SUICIDE,		CE OF INJURY (e.g., in		in Baltimore City, g	
E	HOMICIDE	(Specify)	about home, fa	arm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ	210. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	DF INJURY		nı.	WORK NOT WHILE			
W,	22 I house	has acutifus that I att		deceased from 6-	1950, to 19	105	2 that I last saw the
	deserved of	line on 10 - 10-	to Sh	aeceasea from	red at 1:30 m., from th	a any see and on the	a data stated shows
	23A. SIGNA		. 19_0		3B. ADDRESS	e eduses and on ti	23c. DATE SIGNED
	236.310117	and a	Mun	4 0	o De n'Strice	110. St.	10-12-50
24	AA. BURIAL,	CREMA- 248. DATE	12	M. D.		CATION (City, town,	1 7
TIC	ON, REMOVAL						
-	Buria		- 5U	Arbutus	25. NENERAL DIRECTOR	timore, Ma	ryland
	CAL REGIS	TRAR	SIGNATU	7710			
	06113	1950 June	waysor 1	In orrange a list	Charles R.	Law 802 1	Madison Ave.
	VS 150		ħ	940 5		,	310-
				, ,	9		



1	055	The state of the s
	BALTIMORE CITY H	EALTH DEPARTMENT
В	RTH NO. CERTIFICAT	E OF DEATH Registered No
	NAME OF DECEASED ERNEST ROHRMAN	2. DATE OF DEATH OCT 12, 1950
	PLACE OF DEATH: Baltimore City, Maryland OSL. 6	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or Josephan OR location)	
IN	STITUTION LONG SERIOS HOSPIFE	BALTIMORE 3-02 township)
0	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  846 S. BOND St.
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDDWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
ſ	MALE   WHITE   WIDOWED	12-4-96 53
vorl	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  Lab fruit.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13	PRIEST ROHRMAN	14. MOTHER'S MAIDEN NAME Chizel All Arrange
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	7-16-03-5051	HONES HOPKINS HUSPITE.
	18. 442X DISEASE OR CONDITION DIRECTLY	OF DEATH
ä	(This does not mean the mode of dying, e.g.,	esteurine Cardio - Syr.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	scular Diceaso .
7	ANTECEDENT CAUSES arte	reolar Kephras Meraus 3-4 m.
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	UNDERLYING CONDITION LAST. (C)	
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
1EDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., about bome, farm, factory, street, office bldg.,	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from	0-7 51950, to 10-12, 1930, that I last saw the

and that death occurred at 5

24c. NAME OF CEMETERY OR CREMATORY

VS 150

deceased alive on.

248. DATE

REGISTRAR'S SIGNATURE

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

131a

(State)

53 pm., from the eauses and on the date stated above.

24D. LOCATION (City, town, or county)

238. ADDRESS HUPKIRS KOSPITAL

A THE SHARE STATE OF THE STATE Part I - Just Comment Sur Rees The state of the second wind Margarithe to the source 

	50	527	10/
350	. 75.7	24	/ Unk
BIRTH NO.			

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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gistered No	

BIRTH NO.	CERTIFICATE (	OF DEATH	Registered No.	
1 NAME OF DECEASED	F =1	- W 1.1 2.	DATE (O (3	
(Type or Print)  3. PLACE OF DEATH:	E 97	USUAL RESIDENCE (Where	OF DEATH /0 - /3 - J	
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institu	much Home	STATE MA		dmission)
HOSPITAL OR INSTITUTION	140-	OF OR TOWN (If outs	ide corporate limits, write RURAL	
at 16 squel	ry we	valuno	ce	ownship)
Length of stay in Baltimore	( 42 Moo. 2	STREET ADDRESS III rura	( give location)	
SEX 6. COLOR OR RACE 7. SING		DATE OF BIRTH 9.	AGE 12 years If Under 1 Year   If Un	ider 24 Hours
remale correcte X2	VED, DIVOR OD (Specify)		last (ithday) Months Days Hou	irs Min.
10A. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	O OF BUSINESS OR INDUSTRY	BIRTHENACE (State or foreig	n country) 12. CITIZEN (WHAT CO	
13. PATHER'S NAME	vicing 14	MOTHER'S MAIDEN MAME		1
Mendel	1	anuch		V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INPORMANT,	ADDRESS	0
	6.	thel Karsh	- 600/10 Oden	了女
18. 490 X I	CAUSE OF	DEATH	ONSET ANI	
LEADING TO DEATH (This does not mean the mode of dying, e.	101 10	or Pneuma	in 40	lage
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	se,			
ANTECEDENT CAUSES	on to	mallion	>	
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	NG	CARCOLOU.		
RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	HE DUE TO (C)			
	(0)			
OTHER SIGNIFICANT CONDITIONS CO				
TO THE DISEASE OR CONDITION CAUSING	ıτ			
19A. DATE OF OPERATION 198. MAJOR	R FINDINGS OF OPERATION	ON	20. AUTO	NO
LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in or farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact locat	
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OF	CUR?	
OF INJURY m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the	deceased from Alex	\$ 8 1950 to 0 -c	8 / 3 , 1950 that I last	saw the
deceased alive on 2, 1950	and that death occurred	at 3 co4.m., from the c	auses and on the date state	d above.
23A. SIGNATURON, Kolluce	м. р.	700 lock King	lite en Oct 3.	1950
24a. BURIAL, CREMA: 24B. DATE	PAC. NAME OF CEMETERY		TION (City, town, or country)	(X)tate)
premation 10-10-400	ondon las	uc .	statio mi	7
LOCAL REGISTRATE REGISTRATE'S SIGNAT	Milarius, M. J.	EK Lewis MU	2100 Entain	Pe
VS 150	-0-11			
S	7049		108.	0

Holman Hops A. 33.031

1	053		kn	OFFICE
	BALTIMORE CITY H	EALTH DEPARTMENT	×20	CANDOS.
В	CERTIFICAT	E OF DEATH	Registered No	
	NAME OF DECEASED GEORGE BERENDS		2. DATE OF DEATH OCT	- 11 1950
	Baltimore City, Maryland OSL.	4. USUAL RESIDENCE (W		stitution: residence before admission)
Н	FULL NAME OF (If not in hospital or institution, give street address o			
11	ISTITUTION	BALTIMORE	outside corporate limits,	write RURAL and give township)
	Yrs.  Mos.  Dave	D. STREET ADDRESS (If r	ural, give location)	
5.	SEX   6. COLOR OR RACE   7. SINGLE, MARKIED,	8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year   If Under 24 Hours
1	MALE WhitE MARRIED (Specify	10-20-10	last birthday) Mont	hs Days Hours Min.
wor.	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR K done during most of working life, even if retired)	11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
13	Superviser U.S. Maritime Comm.	14. MOTHER'S MAIDEN NA	ME,	U. S. A.
	FRELERICK BERENDS	Louisa Mahr.	101	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL e. no or uoknowo) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT	ADE	DRESS
	NO NONE NONE	MARIE BERG	ENDS 818:	S.FAGLEYS
	18. 581.0   CAUSE	OF DEATH TOTAL A	Voi de la company	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ous have les	D. X.	111
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	a Gold	a rugues	eff ac
	ANTECEDENT CAUSES	morgen i	ariges	
z	(B) CUL	hour of the	dever	Vous
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0		
CA				
CERTIF	OTHER SIGNIFICANT CONDITIONS CON-	12.1.2.1	10. 1.	20
CE	TO THE DISEASE OR CONDITION CAUSING IT.	urdial Su	fuction	, 3 d,
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION		YES ND
MEDICAL	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING Obout home, farm, factory, etreet, office bldg.	ie er 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	e exact location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY		OCCUR?	
	na.   WHILE AT   NOT WHILE AT WORK   AT WORK			
	22. I hereby certify that I attended the deceased from deceased alive on 10-11, 1950, and that death occur	0-9 1950, to	10-11, 1950,	that I last saw the
	, 19 apa that death occu	rrea at 1 m., from th	e causes and on the	aate stated above.

Burial DATE RECEIVED BY 24B. DATE

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24D. LOCATION (City, town, or county)

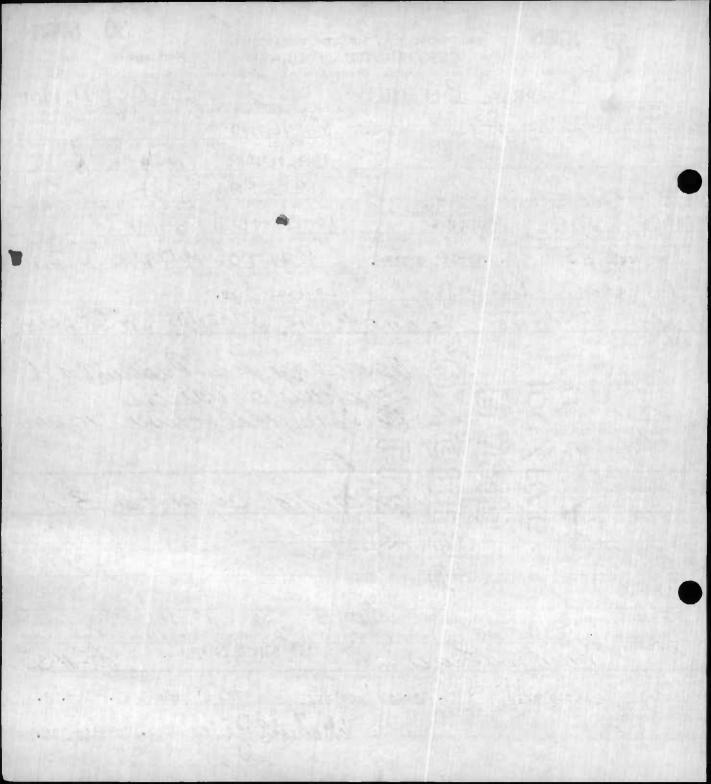
5720 O'Donnell St. Balto. Md.

FUNERAL DIRECTOR ADDRESS SIGNATURE

VS 150

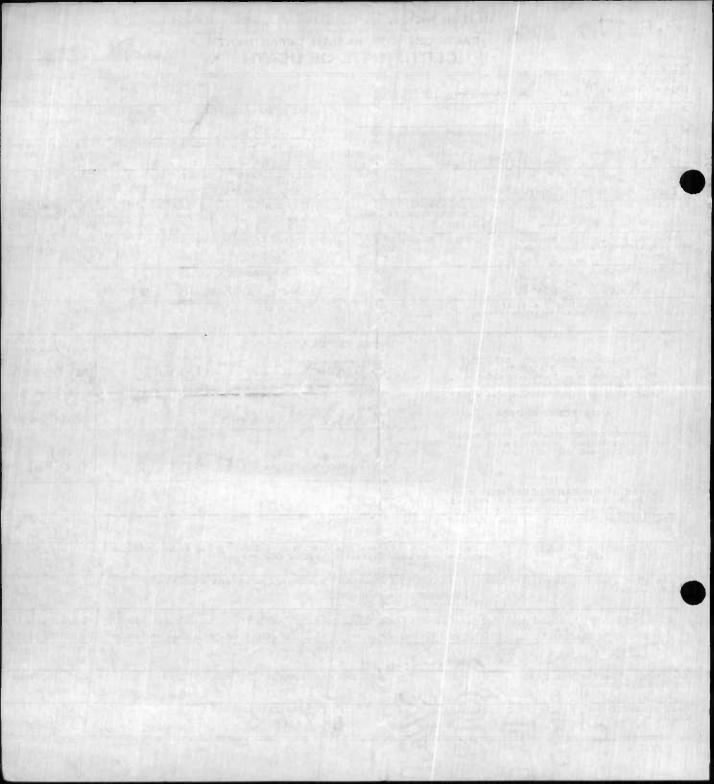
24C, NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNED



10-18-50 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE (Type or Print) are MARXWart OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or alle HOSPITAL OR location) C. CITY OR NOWN (If outside corporate limits, write RURAL and give INSTITUTION nan Yrs. O. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Dung Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Dnys | Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) - Leman 11.15 10 JUSUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME wellen -an us cha 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUF TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 1950 to Oct 11 22. I hereby certify that I attended the deceased from 3 . 1950 that I last saw the 1950, and that death occurred at 4:15 pm., from the causes and on the date stated above, deceased alive on Oct 11 28A. STONATURE 238. ADDRESS 23c. DATE SIGNED 24A, BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE 240. LOCATION (City, town, or county) 10 ahorse much DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150

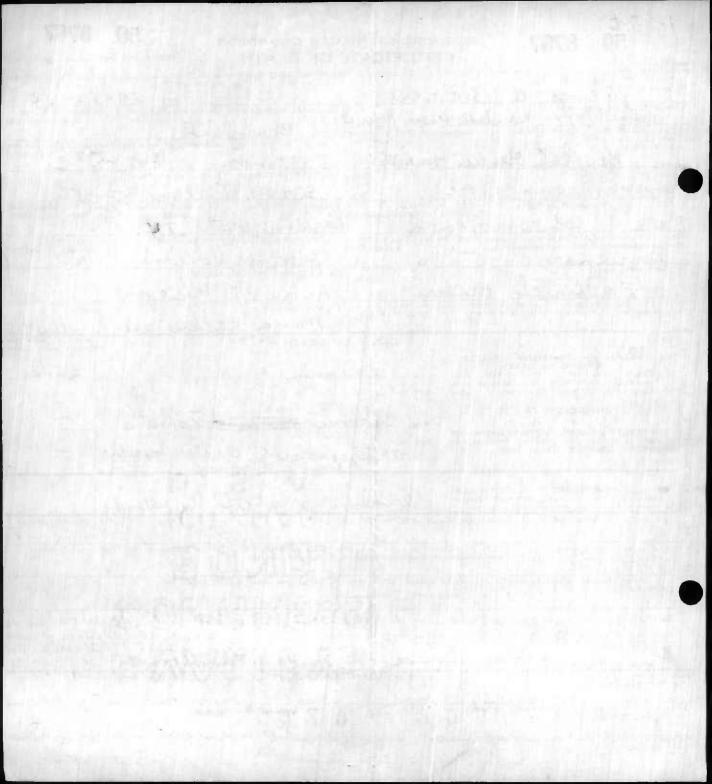


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	8767
- 1113	133533

BIRTH NO. CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED	2. DATE
(Type or Print) GEORGE C BECKER	OF DEATH 10-12-50
A. Baltimore City, Maryland Maryland Structal Horat	4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital institution, give street addless o	Bharyand
Mary Janes Horpital	Baltimore 23-34 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore LIFE Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	
Male White widowed	November 15, 1875 74
10A. USUAL OCCUPATION (Give kind of the first of the firs	
13. FATHER'S NAME	Baltimore, Maryland, U.S.
Freederich Backery	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Anna Di Murger
(Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. 1/1/ 2 Y CAUSE	OF DEATH SOTTO
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	emin 2 when
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
// / -	one store our phretio.
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
A SHELLING CONDITION LAST.	rissolutolia cardio- vascular -
Ĕ	uns dishare
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	in prostatic hypertrophy
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	
V Los Blace of Mulby (	YES NO &
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg. CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from Oc	Adre 1 1950, to Cotatan 12, 1950, that I last saw the
deceased alive on Ochlar 12, 1950, and that death occu	rred at 3 2mm., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE SIGNED
24A. BURIAL. CREMA- 24BLOATE 24C. NAME OF CEMET	RY OR CREMATORY   240. LOCATION (City, town, or count) (State)
IION, REMOVAL (Specify)	ERY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	DON SING TO WIND C+
Miles 1950 Marie of Miles 18 M	15 home of 56 home of 31
9368	13/2
1308/	7 3 1 00

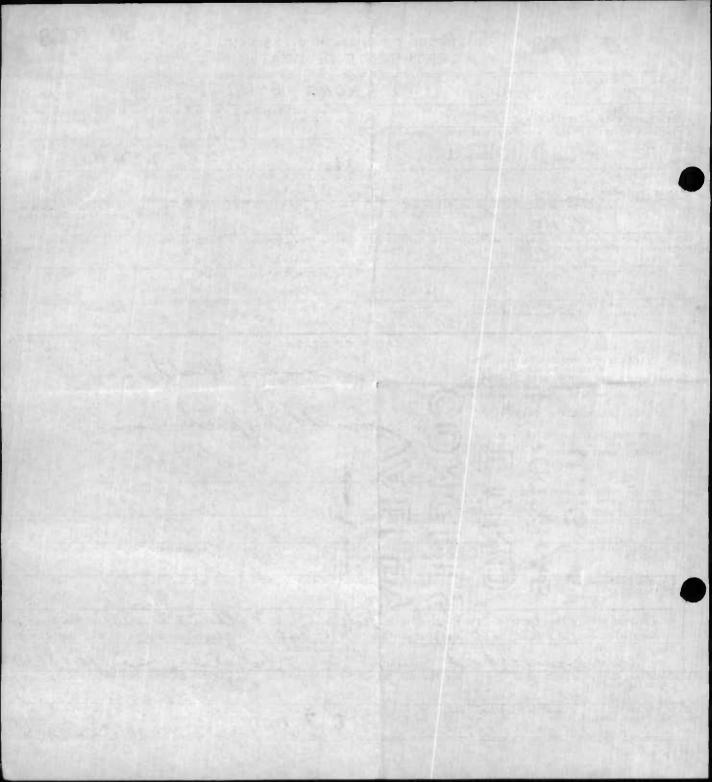


K-621

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.____

BI	RTH NO.			CERTIFICA	TE OF DEATI	H Regist	ered No
	NAME OF D ype or Print)	ECEASED Consta	tine		KORZYBS	/ 2. DATE OF DEATH	Oct. 12-1950
Α.	PLACE OF D Baltimore (	City, Maryland	alto.	te	A. STATE	MCE (Where deceased B. COU	lived. If institution: residence NTY before admission)
H	FULL NAME DSPITAL OR STITUTION	3802 Per		n, give street address location			ate limits, write RUBAL and give township)
6.	Length of s	tay in Baltimore		Yrs Mod Dag	3200 P	ennington	
5.	SEX	6.COLOR OR RACE	27 4 4		8. DATE OF BIRTH	last birtho	(ear.     Under   Year     Under 24 Hours   Months Days   Hours Min.
		CUPATION (Givekind of of working life, even if retired)	100 KIND	of Business or	11 DIDTUDI ACEIS	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME	)tor	zylski	14. MOTHER'S MA	IDEN NAME	v -
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO 2/2-07-42/	17. INFORMANT agnes Kor	yesti 802	ADDRESS
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA' s not mean the mode of the asthenia, etc. It mest complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  SIGNIFICANT CONDITIONS G TO THE DEATH, BUT	TH  of dying, e. g.,  ms the disease,  caused death.)  SES  F ANY, GIVING  STATING THE  SST.	(B)	around f	J Healt Jesten	disa
AL C		OF OPERATION 1		FINDINGS OF OF	ERATION		20. AUTOPSY?
MEDIC	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	about home, far	DE OF INJURY (e. ; rm,factory,street,office blo	g.,etc.) INJURY OCCU	R?	e City, give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	W	HILE AT NOT WHE	LE	INJURY OCCUR?	
D	deceased a 23A. SIGNA 4A. BURIAL. ON, REMOVAL (S ATE RECEIVE OCAL REGIS	TURE  TURE  CREMA- 24B. DATE  Specify  OCT. /6  ID BY REGISTRAR  TRAR	, 1950, a	nd that death oc.  M. D.  4C. NAME OF CEME		from the causes and Lafses and 24d Location (City	10/15/50
	Clas 1200			1	11		001/11



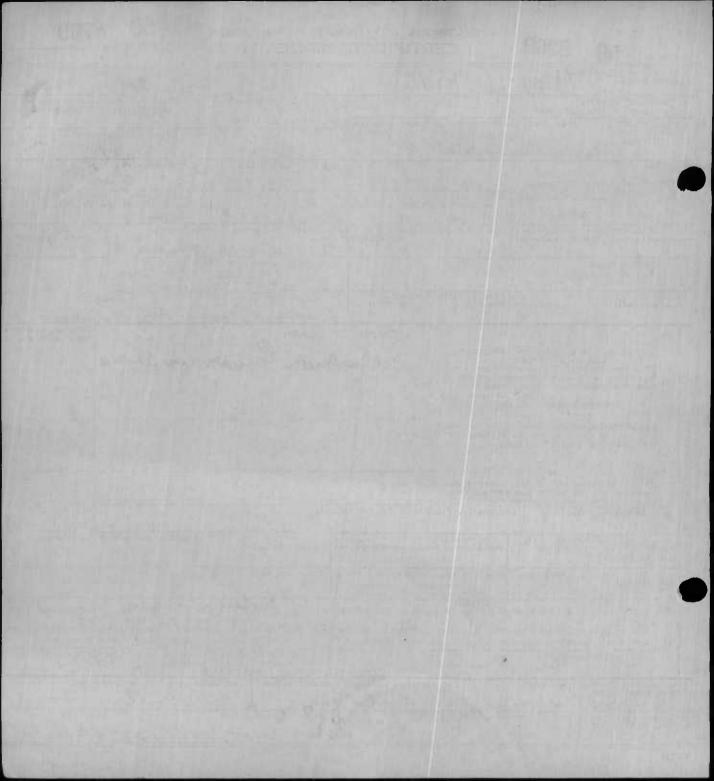
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- 11

#### BALTIMORE CITY HEALTH DEPARTMENT

			200	æ
Re	gist	ered	No.	

	BIRTH NO.	0 8769		CERTIFICATI	E OF DEATH	Registered 1	Vo	
	1. NAME OF DECEASED WRILL KING					2. DATE OF DEATH OCK	.12,1950	
11/	3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE A. STATE Maryland			
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR HOSPITAL , D. O. A.			C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)		
			c 100 yan	Yrs. Mos.	D. STREET ADDRESS	-, 8-		
10.5	Length of s	tay in Baltimore 6.COLOR OR RACE		Days E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under 1 Year If Under 24 Hours Days Hours Min.	
	Male While Divarced  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR			or ced	Jan. 3, 1888		12. CITIZEN OF	
3	rork done during most of working life, even if retired)  13. FATHER'S NAME				Beavestown 14. MOTHER'S MAIDEN	Penna	WHAT COUNTRY?	
- Caust	John King				Elizabeth Behl.			
5 (3	es, no or unknown)	D EVER IN U. S. ARME (If yes, give were or date	D FORCES? es of service)	16. SOCIAL SECURITY NO.	Deckard for	2 2 21 -	acysville Pa	
Lause	18.4221 CAUSE OF DEATH						ONSET AND DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
27.7.11	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES							
NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ICAT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
TERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
;   C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERA				ATION		20. AUTOPSY?	
FDICAL	21A. EXTERM PRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING [ DEATH.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)	
		Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?		
	22. I certify that I took charge of the remains described above, held a return the supply thereon and from							
7	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .							
		John	1201		.D. MEDICAL INVESTIG	AL EXAMINER	1713/10	
	ion, REMOVAL (S	pecify) 10/13	150	Elestrut!	Grove, 240	narysville	, Penna	
	DATE RECEIVE	D BY REGISTRAR	SSIGNATU	nikis (*)	Am. Conte	Q ( ) 3 ( )	ADDRESS	
11	62450 093d							

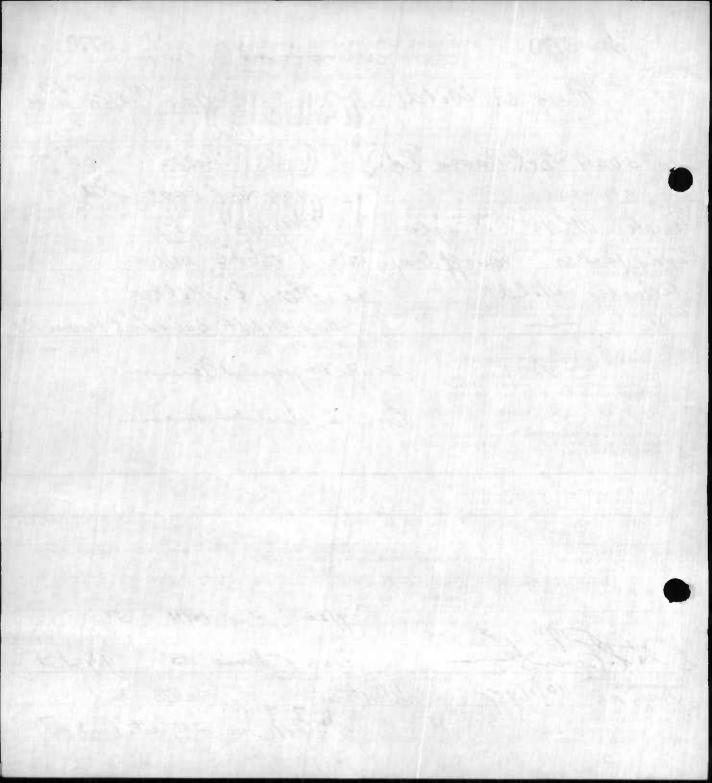


W-430

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	L OI BEATH						
1. NAME OF DECEASED (Type or Print) Mary a. Wildt	2. DATE. 10/2/50 10 DEATH						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	ned						
institution 3004 Lock Raven Rd.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
Yrs.	D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore Days	3004 Lock Raven Rd.						
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   ff Under 24 Hours   Months Days   Hours   Min.						
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
andy lacker Voueth Drawer 6	WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Charles Wildt	Mary E. Miller						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnkoowo) (If yes, give war or dates of service) SECURITY NO.	Chas. Wild+ 3004 Lock Raven Rd						
	OF DEATH						
DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a Myoused Farline						
injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES	in valenda decesa						
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CON-							
TO THE DISEASE OR CONDITION CAUSING IT.	PATION 1 20 AUTOCOM						
198. MAJOR FINDINGS OF OPER	20. AUTOPSY?						
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING INJURY OCCUR?  About bome, farm, factory, street, office bldg., etc.)  1 NJURY OCCUR?							
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
m. WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from	9/20 , 195, to 1911 , 195, that I last saw the						
deceased alive in 19 and that death occur							
X / I / X Z	238. ADDRESS Pare 85 1078/87						
24A. BURIAL, CREMA-1 24B. DATE 24C NAME OF CEMETE							
Burial 16/50 Western Dato, Md.							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNEAL DIRECTOR ADDRESS						
Us 150							
H. D. FRANKLIN 690	45 0922						



5-162

#### CERTIFICATE OF DEATH Registered No._____ BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.	
	NAME OF DECEASED CATHERINE SPRAGU	2. DATE /0/12/50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. CDUNTY before admission)
H	FULL NAME OF, (If not in hospital or institution, give street address of SPITAL OR location	
IN	Crawford Retreat	Batto Md 12-0 (Township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days  SEX   6.COLOR DR RACE   7. SINGLE, MARRIED.	
9	Mala White WIDOWED, DIVORCED (Specify	
	A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR done during proctof working life, even if retired)	11. BIRTHFLACE(State or foreign country)   12. CITIZEN OF WHAT COUNTRY
a	Re Packer Md. Biscut o	JUSTO Mile.
10	Harry C. Blane	14. MOTHER'S MAIDEN NAME
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
,	security No.	Raomi archer 14 W. noss 5
	18. 422.   CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	in myonardites months?
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	N.
CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
H	II (c) Care	bral Arterio - oleronio montho?
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ö.	TO THE DISEASE OR CONDITION CAUSING IT	The second secon
CAL	none. none.	YES NO
EDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg	
Σ	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	
h	m. WHILE AT NOT WHIL	
		9. 25, 1950, to Oct. 12, 1950, that I last saw the
	23A. SIGNATURE	rred at <b>7.754.</b> m., from the causes and on the date stated above.  238. ADDRESS   23C. DATE SIGNED
	Frank n. G. den. M.D.	2701 n. Calvert St. Od. 12, 56
-+1	AA. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) 10/16/50 Mt Old	ERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
D.	ATE RECEIVED BY   REGISTRAR'S SIGNATURE.	25 FUNERAL DIRECTOR ADDRESS
0	CL REGISTRAR	Cook ne 27 & Paul &
	vs 150	44
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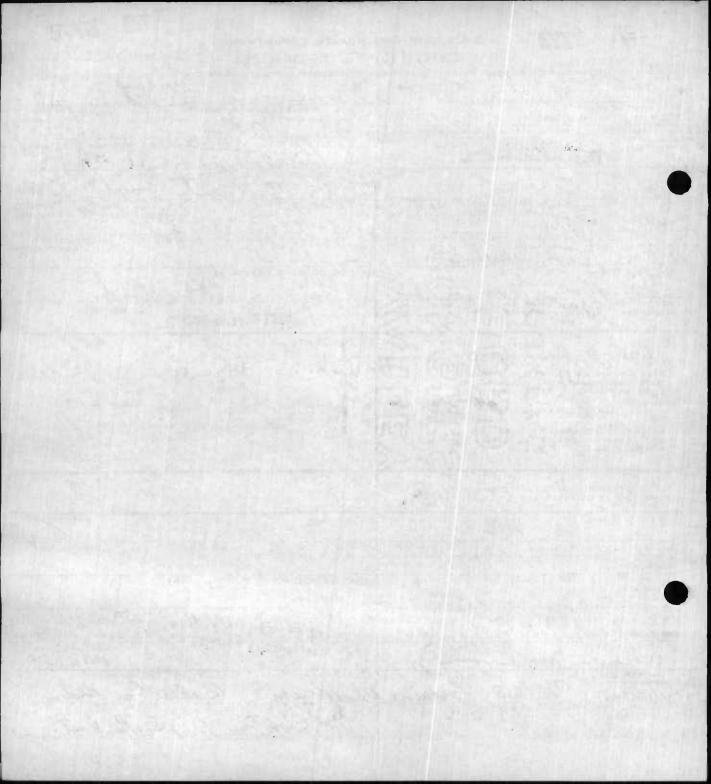
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#### BALTIMORE CITY HEALTH DEPARTMENT

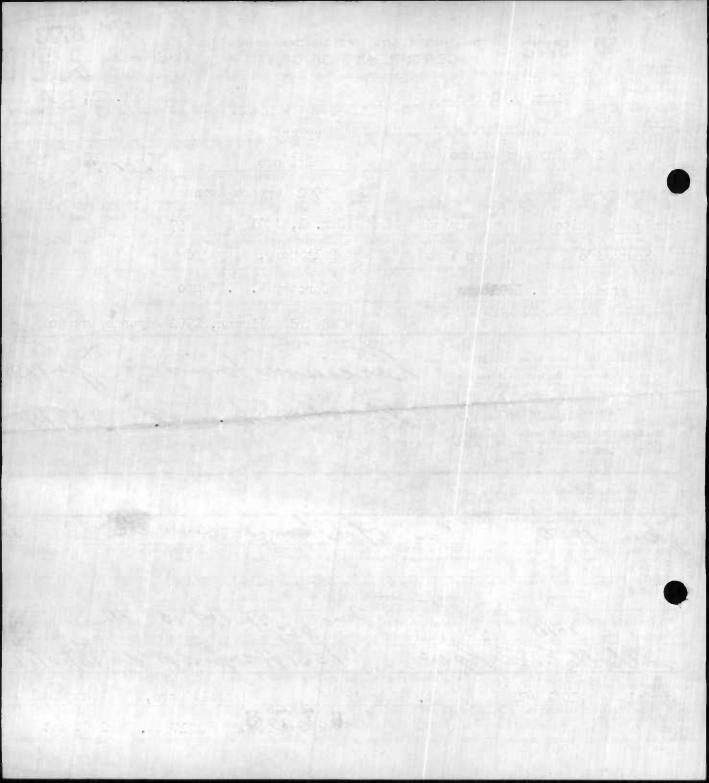
Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	herine Cull	um 1	2. DATE OF DEATH OF	11,19,00
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Who		stitution: residence before admission)
HOSPITAL OR	ital or institution, give street address or location)	c, CITY OR TOWN (If ou	atside corporate limits,	write RURAL and give
INSTITUTION TOPIN		Ballin	ine 27	township)
ength of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If tu	ral, give location)	La
5. SEX 6. COLOR OF RACE		8. DATE OF BIRTH	9. AGE (in years) If U	nder I Yeer II Under 24 Hours. ths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind work deposed unless most of working life, even in retires	of 108. KIND OF BUSINESS OR	5-3-3 11. BIRTHPLAGE (State or fore	ign country)   1	2. CITIZEN OF
Achor leacher	Baltimore City School	e that		WHAT COUNTRY?
13. FATHER'S NAME	V.	14. MOTHER'S MAIDEN NAM	16 / 1: +	+
15. WAS DECEASED EVER IN U. S. ARM (Yee, no or unknown) (If yee, give war or da	ED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	SECORITI NO.	TOWNS HOPKINS	Hospital	
DISEASE OR CONDITION		OF DEATH		ONSET AND OEATH
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g.,	Lokin's Dise	سنو	12 705.
injury or complication which	caused death.) DUE TO			
ANTECEDENT CAL	(B)		••••	
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION &	) STATING THE DUE TO			
Ŭ L	(C)			
OTHER SIGNIFICANT CONE				
TO THE DISEASE OR CONDITION	N CAUSING IT	ATION		20. AUTOPSY?
V 214 ACCIDENT WAS UNDER	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, giv	YES NO NO
LYING OR CONTRIBUTING CAUSE OF DEATH			in Datemore Oity, giv	e exact location)
INJURY (Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
22 I hereby certify that I as	m.   WORK L AT WORK	1// 10/0 / /0/	11/ 1050	that I last saw the
deceased alive on 10///	, 1950 and that death occur			date stated above.
23A. SIGNATURE M.	f. M.D. 2	38. ADDRESHOVING KUNTO	, XU	23c. PATE SIGNED
24A. BUNTAC. THEMA. 24B. DATE	24C. NAME OF CEMETE		CATION (City, town, or	r county) (State)
MONETINEAT !	So Mornaine Man	20 FUNERAL DIRECTOR	alto. Co.	ADDRESS
LOCAL REGISTRAR	2 5 0 70	Om Cok In	217 St. Pa	lst.
VS 150	000	211	7	0446
	0938			0710



# 0-216 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH
	. Osborne	2. DATE OF DEATH Oct. 11, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospith HOSPITAL OR INSTITUTION 2902 Bayonne	al or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township)
ength of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 2902 Bayonne Avenue
female white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	Jan. 1, 1891  9. AGE (In years of Under I year last birthday)  9. AGE (In years of Under I year Mours Min. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  house wife	own home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Frederick W. L		Dorothy H. M. Lampe
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Edward Lollmann, 2902 Bayonne Avenue
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication which complication which complication which complication which complication which complication complications are complicated as the complication of the complication complication complications are complicated as the complication complication complication complication complications are complicated as the complication complication complication complication complications are complicated as the complication which complication complication which complication complication which complication complic	TIONS CON-NOT RELATED	756marl 1924
19 PATE OF OPERATION 1 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e	1NJURY OCCUR?
22. I hereby certify that I att deceased alive on 23A. SIGNATURE	, 1950, and that death occur	red at 5 2 km., from the causes and on the date stated above.  38. ADDRESS 123C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 10/14/50	St. Mathew's	RY OR CREMATORY AD. LOCATION (City, town, or county) (State)  Baltimore, Maryland  Address
OCT 1 3 1950	Topin / Miles Las Marie	Mm. Cook, Mc. 1217 St. Paul Street

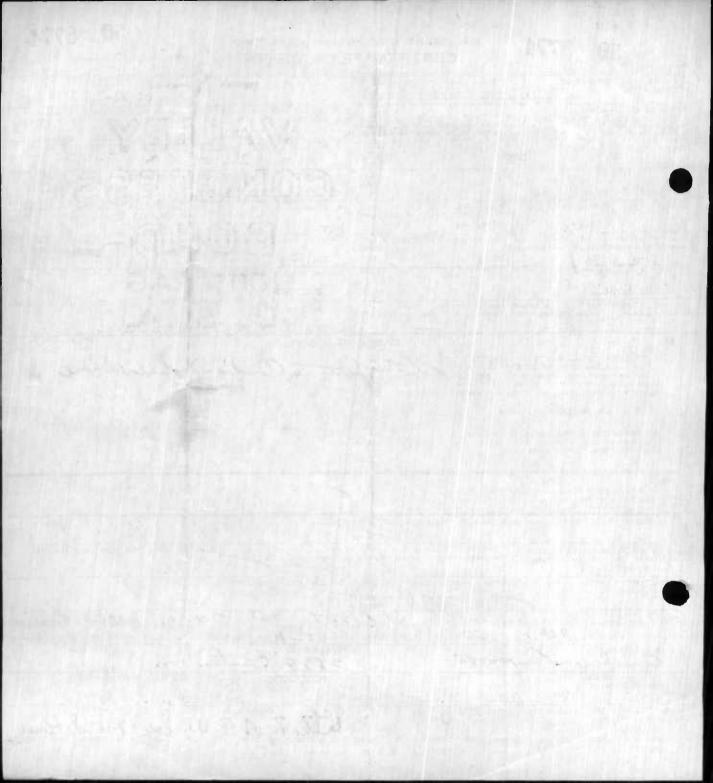


B-200

### BALTIMORE CITY HEALTH DEPARTMENT

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Register		0112

B	IRTH NO.	0 8776		CERTIFICATI	E OF DEATH	Registere	d No.
1 ("	NAME OF D		ciszka F	rances Buczek		2. DATE. OF DEATHOCT	11_1950
B H	PLACE OF D. Baltimore ( FULL NAME OSPITAL OR NSTITUTION	EATH: City, Maryland OF (If not in ho	2412 Hud spital or institu		4. USUAL RESIDENCE (VA. STATE  Maryland  C. CITY OR TOWN (II	Where deceased lived, B. COUNTY	If institution: residence
0	0	H	lome		Baltim	ore-24	township)
	on with of a	tay in Baltimor		Yrs. Mos.	D. STREET ADDRESS (If		
	. SEX	6. COLOR OR RA	CE 7. SINGL	Days	8. DATE OF BIRTH	9. AGE (In years)	
F	'emale	White	Wido	WED, DIVORCED (Specify)	Nov 1883	last birthday)	Months Days Hours Min.
wo1	k done during most o	CUPATION (Give king) of working life, even if ret	ndof 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13	Houses 3. FATHER'S N				Poland 14. MOTHER'S MAIDEN N	AME	
	John Hea				Unknown		
15 (Y	5. WAS DECEASE on, no or unknown)	D EVER IN U.S. AR	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_				-	James Buczek 241	2 Hudson St	reet
ERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	re, asthenia, etc. It complication which which was a second to the above cause and condition and condition are also to the death, but is a second to the death of the dea	h caused deat AUSES  5. IF ANY, GIVI (A) STATING T LAST.  NDITIONS CO	(B)	ilux Conhis		
L C		F OPERATION	19B. MAJOI	ATION		20. AUTOPSY?	
MEDICAL	LYING OF CAUSE OF	(Month) (Day) (Y	ear) (Hour)	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e  21E. INJURY OCCURRE  WHILE AT NOT WHILE  WORK AT WORK	ED 21F. HOW DID INJUR		y give exact location)
	22 I hereb	y certify that I	attended the	e deceased from De	2. 7 1950 to C	t. 11, 19	M, that I last saw the
	deceased al	ive on 49.	W4 40 K	e deceased from De and that death occur	red at 15 A.m., from t 3B. ADDRESS 2579 Carl	he causes and on	the date stated above.  23c. DATE SIGNED
2	4A. BURIAL. C ON, REMOVAL (S	DREMA- 24B. DAT	E	24C, NAME OF CEMETER	RY DROBOWS 000 240. L	OCATION (City, tov	wn, or county) (State)
D	Burial	Oct 14	AR'S SIGNAT	St. Stanislaus	Balt 25 FUNERAL DIRECTOR	imore, Md.	ADDRESS
37	950 PEGIST	RAR	- Jones	Minus Min 1	Deviso Q	Welver	705 S. ann
	VS 150	, we					093d



W-426

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.	1 0000	CERTIFICAT	E OF DEATH	Registered	NO.		
1. NAME OF	DECEASED			2. DATE	, ,		
(Type or Print)	Georg	e C. Walker			/12/50		
a. Baltimore		1311 N.Broadway	4. USUAL RESIDENCE	Where deceased lived, I B. COUNTY	If institution: residence before admission)		
B. FULL NAMI	E OF (If not in hospit	tal or institution, give street address or					
HOSPITAL OF		location	c. CITY OR TOWN (1	f outside corporate lim	nits, write RURAL and give township)		
00			Balto.	0 - (	9		
		Yrs. Mos.	D. STREET ADDRESS (II				
ngth of	stay in Baltimore	Days	1311 N.Br	9. AGE (In years)	II Under 1 Year   II Under 24 Hours		
S. SEA	6. COLOR OR RACE	WIDOWED, DIVORCED (Specify		last birthday)	Months Days Hours Min.		
M 10A HSHAL O	CCUPATION (Give kind of	Married 108, KIND OF BUSINESS OR	Aug .22 .1890	foreign country)	12. CITIZEN OF		
work done during mos	st of working life, even if retired)	INDUSTRY		oreign country,	WHAT COUNTRY?		
Produce			Balto .Md.	IAME			
TO. TATTIER S	George S.	Walker	Annie Foy	10111			
15 WAS DECEA	SED EVER IN U. S. ARMEI						
(Yes, no or unknown	(If yes, give war or date	security No.	Mrs. Mary B.W		N.Broadway		
100	1.1	041105			INTERVAL BETWEEN		
18. 33			OF DEATH		ONSET AND DEATH		
	ASE OR CONDITION LEADING TO DEA	TH. CO	rolena Vlace	en line	1) day		
heart fa	es not mean the mode ilure, asthenia, etc. It me	of dying, e.g., (A)ans the discase,			-		
injury o	or complication which	caused death.) DUE TO					
-	ANTECEDENT CAU	SES Qu	terrorbroxis.	fluereless	d -1.		
O DISEAS	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (A) Corelara because death dear dear dear dear dear dear dear dear						
RISE TO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
O DISEAS RISE TO UNDER UNDER OTHER TRIBUTI							
Ē	11 (C)						
U TRIBUTI	SIGNIFICANT COND NG TO THE DEATH, BUT	NOT RELATED					
	OF OPERATION	N CAUSING IT. 19B. MAJOR FINDINGS OF OPE	RATION	,	20. AUTOPSY?		
AL							
21A. ACCII HOMICIDE	DENT. SUICIDE.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg.		(If in Baltimore City	, give exact location)		
E ROMICIDE	(Spechy)	about home, tal m., accory, screet, o mee meg.	INSOMY OCCOMY				
	(Month) (Day) (Year	(Hour)   21E. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?			
OF INJUR	Y	m. WHILE AT NOT WHILE					
22 I have	the contifue that I at		A11 1950 to	00/12 190	Shat I last saw the		
deceased	aline on Oct.	2, 1950, and that death occu		the eauses and on	the date stated above.		
23A. S/G	ATHEE -	0:	23B. ADDRESS	10	23C. DATE SIGNED		
00	rust K	lines M.D.	7823 E Ka	telling / /	10/12/3		
1100 REMOVAL	(Specify)	240 NAME OF GEMET		LECATION (City, tow	vn, or county) (State)		
Burial	10/16			alto. Md.			
LOCAL REGIS	ED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS		
CT 1 3 195	U I	fire fire for the fire	E.I.Fanning &S	on 1938 E.	Lafayette Av		
VS 150		4 0	13		262		
LEE		290	063		083a		

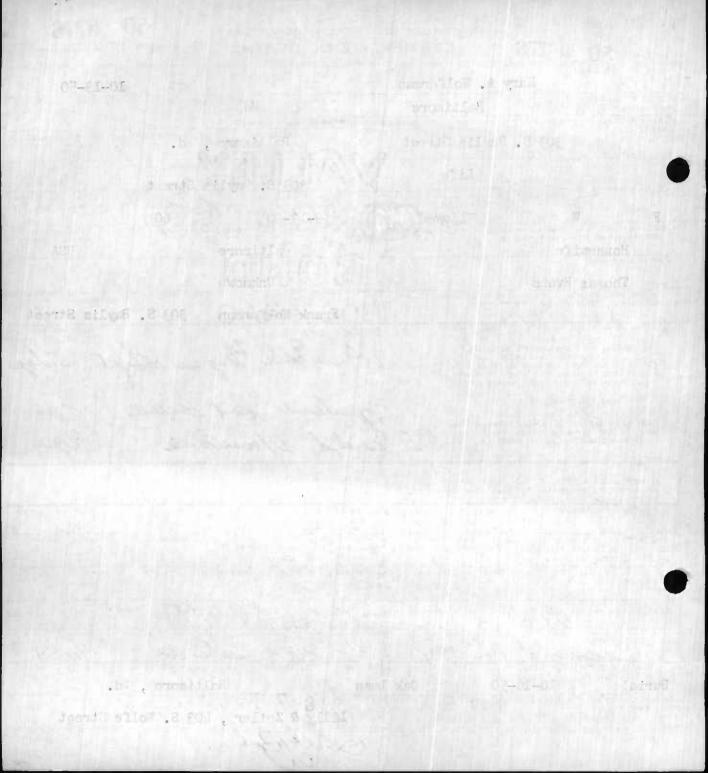
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#### BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No		

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED (Type or Print) Mary A. Wolferman	2. DATE. OF DEATH 10-13-50				
S. PLACE OF DEATH: A Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF HOSPITAL OR INSTITUTION 303 S. Baylis Street	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore, id. 2 6 township)				
Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  F Widowed	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. 9-1.7-90 60				
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  Housewife	11. BIRTHPLACE (State or foreign country)  Baltimore  12. CITIZEN OF WHAT COUNTRY? USA				
Thomas Evans	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Frank Wolferman 303 S. Baylis Street				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	estanie Hent Disease 4 pm.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., c	ATION   20. AUTOPSY?				
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)					
TID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?				
23A. SIGNATURE W Lettous M. C.	red at 5.25 Am., from the causes and on the date stated above.  38. ADDRESS  3023 Caster ar.  23c. DATE SIGNED				
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Burial 10-16-50 Oak Lawn	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)  Baltimore, Md.				
DATE RECEIVED BY REGISTRAR SISIGNATURE COCAL REGISTRAR  OCT 131950 Literator Miliante M	25 FUNERAL DIRECTOR ADDRESS Lilly & Zeiler , 403 S. Wolfe Street				
VS 150	100,70				

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME DF DECEASED 2. DATE (Type or Print) homas DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence Balto. A. Baltimore City, Maryland A. STATE Mid . B. COUNTY before admission) B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL DR (If outside corporate limits, write RURAL and give C. CITY DR TOWN INSTITUTION 820 E. Hatt St. Maryland. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mag ength of stay in Baltimore Life Days E. Pratt Street 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years It Under ! Year It Under 24 Hours Nin. 8. DATE OF BIRTH WIDDWED, DIVORCED (Specify) Aug. 30-98 Married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Helper Brewery Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Backus Charles Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO. Elizabeth 6717 Danville Ave Adams INTERVAL BETWEEN CAUSE OF DEATH 18.002X Pulmonary Tuberculosis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES DR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 11 TO THE DISEASE OR CONDITION CAUSING IT 19a, DATE OF DPERATION 198. MAJOR FINDINGS OF DPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY DCCURRED 21F. HDW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK Luspection or Inquiry 22. I certify that I took charge of the remains described above, held an thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER.

24C. NAME OF CEMETERY OR CREMATORY

Burial 10-16-50 Oak Lawn Baltimore,
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 5 SEPTIMENTAL BIRECTOR
LOCAL REGISTRAR LION S. WO

24A. BURIAL, CREMA TION, REMOVAL (Specify

VS 151

403 S. Wolfe Street

24D. LOCATION (City, town, or county)

MEDICAL INVESTIGATOR

THE CONTRACT OF STREET

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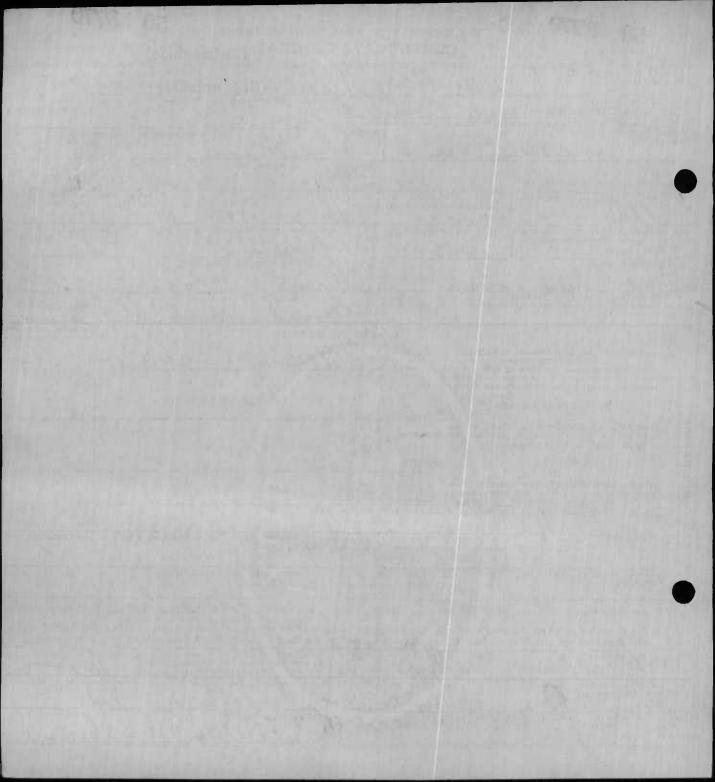
#### BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATI	E OF DEATH Registered	1 NO.
1. NAME OF DECEASED		2. DATE	
(Type or Print) Lillie Ma	e Hughes	DEATH OC	t. IO. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Balt		4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)
B. FULL NAME OF (If not in hospital or in	stitution, give street address or		,
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate lin	mits, write RURAL and give
1004 East Monu	mehnt 5t	Baltimore City	) m & township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 30	Tre Mos.	1004 East Monument St	reet.
5. SEX   6. COLOR OR RACE   7. SI	NGLE. MARRIED.	8. DATE OF BIRTH 9. AGE (In years)	Months: Days   Hours: Min.
	Single (Specify)	4/TO/T9TO 40	Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B.	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
work done during most of working life, even if retired)  Laundress  L	aundry Company	Gloster Co Vo	WHAT COUNTRY
13. FATHER'S NAME	aunary company	Gloster Co. Va.	I U.D.A.
IIm leaven			
Unkown 15. WAS BECEASED EVER IN U.S. ARMED FORCE	ES?   16. SOCIAL	Mary Hughes	
(Yes, no or unknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	ADDRESS
No		Frank Carroll I004 E.M	
18.4421	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIREC	CTLY O	and of 10 al	
(This does not mean the mode of dyin	g, e. g., (A) Clute	. Lutu to that he fluite	1 Lus.
heart failure, asthenia, etc. It means the injury or complication which caused	disease, death.) DUE TO		
ANTEGEDENT CAUSES	1.	o. Vand des cular fine	
ANTECEDENT CAUSES	Cardin	o. Truel Vancular were	ace I wife
DISEASES OR CONDITIONS, IF ANY,	GIVING		
RISE TO THE ABOVE CAUSE (A) STATE UNDERLYING CONDITION LAST.	NG THE DOE TO		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS			
11	(C) w ₁ ,		
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F			TE ELEMENT
U TO THE DISEASE OR CONDITION CAUS	ING IT.		
19a. DATE OF OPERATION   19B. M.	AJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
U 214 ACCIDENT SUICIDE 1 21	B. PLACE OF INJURY (e.g., i	n or   21c. WHERE DID (If in Baltimore Cit.	y, give exact location)
	bome, farm, factory, street, office bldg.,		y, give exact location,
ID. TIME (Month) (Day) (Year) (Hour	)   21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?	
FINJURY	WHILE AT NOT WHILE		
	m.   WORK   AT WORK	- B C ATTIO	Y
22. I hereby certify that I attended			Shat I last saw the
		red at	
23A. SIGNATURE		23B. ADDRESS	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATORY   240, LOCATION (City, to	wn, or county) (State)
TION REMOVAL (Specify)			, 0. 000,
Burial   10/14/105			ADDDECC
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	POPUNERAL BIRECTOR	ADDRESS
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M-200	0 8779
BALTIMORE CITY HEALTH DEPARTMENT Regi	stered No.
BIRTH NOTO MELMECHUL	(3)
1. NAME OF DECEASEO (Type or Print)  Auch (Melnechold)	10-12-50
A. Baltimore City, Maryland 1240 h. Potomac HA. STATE B. CO	d lived. If institution : residence UNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or hameland	
INSTITUTION	prate limits, write RURAL and give township
1240 h. Potomae street Battimard Vrs. O. STREET ADDRESS (If rural, give lo	cation
Length of stay in Baltimore 35 3- Lags Days 1240 h. Potomas	- 1theet
5. SEX 16. COLOR OR RACE   7. SINGLE, MARRIEO.   18. DATE OF BIRTH   9. AGE (III	hday) Months Days Hours Min.
married Dec 25 1898 31	
10A. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY	y) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	91, 3, 9,
13. FATHER'S NAME	" DFTACKI
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	3609 Partiside
18. 4 20.1	INTERVAL BETWEEN
OISEASE OR CONDITION DIRECTLY	ONSET AND BEAT
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	won
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u>(C)</u>	
T OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	LOO ALIZODOVA
198. MAJOR FINOINGS OF OPERATION	20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimo	ore City, give exact location)
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING About bome, farm, factory, street, office bidg., etc.) CAUSE OF OEATH.	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED 21F. HOW OID INJURY OCCUR?	/
m. WHILE AT NOT WHILE AT WORK	<del>/</del>
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or	Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased die and death in my opinion resulted from natural causes B, accident D, suicide D, homical	ed on the day stated above ide $\square$ , undetermined $\square$ .
23a. SIGNATURE  Liam  ASSISTANT MEDICAL EXAMINER. ASSISTANT MEDICAL INVESTIGATOR.  MEDICAL INVESTIGATOR.	
24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (CITION, REMOVAL (Specify))	City, town, or county) (State)
Burial Oct 23 1950 Holy Timety Cen Elkindge	Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR 40	1 J. Chester St.

correct age is especially important. Inysicians: please write the causes of death clearly and legiony.



	50 8780	780
RI	N-426  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No	
	NAME OF DECEASED  OF OF DEATH  OF DEATH  OF DEATH	1.12.19
	PLACE OF DEATH: Baltimore City, Maryland 1664 Where deceased lived, If instit Baltimore City, Maryland	ution: residence
HC	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits wri	Dalts me. te RURAL and give township
	ength of stay in Baltimore  Vrs. Mos. Days  Days  Days	0 B
h	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) and 166 9. AGE (In years last birthday) Months:	
worl	k dose during most of working life, even if retired) Relied INDUSTRY Virginia	WHAT COUNTRY
1	TEATHER'S NAME  14. MOTHER'S MAIDEN NAME  SUBAN WIRESEN  WAS DECEASED EVER IN U. S. ARMED FORCES VI 16. SOCIAL  17. INFORMANT	min
(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO. ma Doma I Dietrich 1614h	Chestra St
	DISEASE OF CONDITION DIRECTLY	NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	2 days
ATION	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) CANDIAC OF CAUSE (A) CAUSE (B) CARDIAC OF CAUSE (B) CARDIAC OF CAUSE (B) CARDIAC OF CAUSE (CA) STATING THE UNDERLYING CONDITION LAST.	348_
TFIC	(C)	
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
AL C	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION /	20. AUTOPSY?
MEDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give entry) in the suiting street, office bldg., etc.)	xact location)
Ĉ	PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
	deceased alive on Och et 1, 1950, and that death courred to 600 Am., from the causes and on the de	at I last saw that stated above
	23A. SIGNAUBER Coorbers M. D. 2075 Post north Ar O	TING 13, 195
24 TI	44. BURIAL, CREMA- 24B, DATE AG. NAME OF CEMETERY OR CREMATORY 24D, LOCATION (City, town, or co	(State)

25. FUNERAL DIRECTOR

VS 150

DATE RECEIVED BY LOCAL REGISTRAR 1950

REGISTRAR'S SIGNATURE

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ASDRESS.

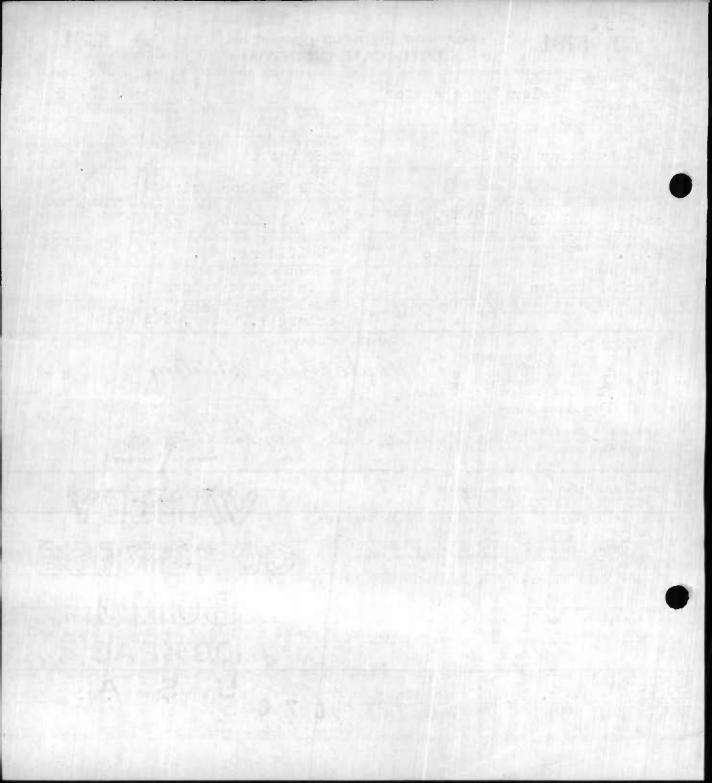
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Peristand No.

В	IRTH NO.	CERTIFICATE	E OF DEATH	registered r		
1.	NAME OF DECEASED Type or Print) Helen	Grace Hunter		2. DATE OF DEATH OCt.	13/50	
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W			
ы	FULL NAME OF (If not in hospits of Cospital OR ISTITUTION Lutheran Ho	al or institution, give street address or location)	c. CITY OR TOWN (If a Baltimore	outside corporate limit	s, write RURAL and give township	
	ength of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If r 3649 Gelston		54 4	
5	SEX 6.COLOR OR RACE Female White		8. DATE OF BIRTH Jan. 12,1896	9. AGE (in years)	Under i Year If Under 24 Hours nths Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)		Baltimore,		12. CITIZEN OF WHAT COUNTRY	
13	Frank Paterson		14. MOTHER'S MAIDEN NA Catherine W		ME III	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED e, no or unknown) (If yee, give war or dates		17. INFORMANT (husb: Herbert T. Hunt	and) er,3649 Ge	DORESS LSton Drive	
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the state of the	raused death.) DUE TO  SES  FANY, GIVING STATING THE LIST.  (C)	hais of live		3 hrs.	
CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION   1:	NOT RELATED	ATION			
SAL	- OPERATION	SE MAJOR FINDINGS OF OPER	—		YES NO	
MEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
	22. I hereby certify that I attended the deceased from 10/17, 1950, to 10/13, 1950, that I last saw to deceased alive on 10/12, 1950, and that death occurred at 53% m., from the causes and on the date stated about					
	23A. SIGNATURE OLL	las M.D.	4 h. full		23C. DATE SIGNED	
Bi	44. BURIAL CREMA- DIN, REMOVAL (Specify)  IT 121  OCT 16  ATE RECEIVED BY COLOR REGISTRAR	100	RY OR CREMATORY 240, LO WOOD 25, DUNERAL WRECTOR	Lawn, Balto	Md . Address	
	VS 150	100 / Helianie, Marie	J. wing	/	2 4 B	



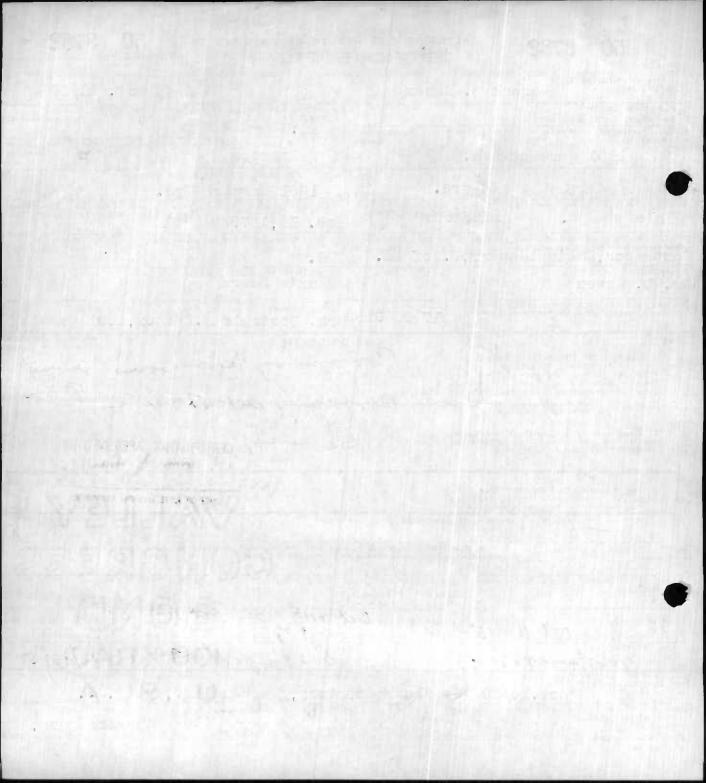
E-220

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.			CERTIFICATI	E OF DEATH	registereu	140,
1. NAME OF D (Type or Print)	ECEASED Hame	ce B.	Tagas		2. DATE OF OCT	. 11/50
		Ge D.	TOOKY		DEATH	
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, ) B. COUNTY	f institution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or location)	Md.		
INSTITUTION	BOL Warwick	ATTO	iocation)	c. CITY OR TOWN Baltimore	(If outside corporate lim	its, write RURAL and give township)
00 11	JOT WET MICE	. Avc.	Yrs.		15	-03
Dunth of a	Assaira Daluisaa	44 y	23/13		(If rural, give location)	
5. SEX	tay in Baltimore		Days Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours
Male	W.	TAHPA	ED DIVORCED (Specify)	Feb. 19,1879	last hirthday) N	onths Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
Carpen te.	of working life, even if retired I.	laker, I	J. of Id.	lid.		WHAT COUNTRY?
13. FATHER'S	NAME			14. MOTHER'S MAIDEN		
Wm. B. E	SSex			Fannie Bowe	n	
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	*	ADDRESS
(100, 200, 200, 200, 200, 200, 200, 200,	( ) ( )		217-09-9202	Mrs. Gertrud	e F. Essex,	.801 Warwick
18. 42	0.1			OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY	Com	- 11.		DNSET AND DEATH
(This does	LEADING TO DEAT	TH of dying, e.g	(A)	o nerry 14	more	a Devend
heart failu injury or	re, asthenia, etc. It mea complication which c	ns the discase aused death	e,		leu's Telero	yes
	ANTECEDENT CAUS	FC	asy	nang any	eri o Telero	
Z			(B)	Q 1 1_		
RISE TO T	S OR CONDITIONS, IN	STATING TH	IE DUE TO	50 miles.	PRINCIPATION ARD	DOUGD BY
UNDERLY	ING CONDITION LA	ST.	(C)		CERTIFICATION APE	KOATO DI
E					ohn R.	Davis
OTHER S	II SIGNIFICANT CONDI	TIONS CON		DEL:	Stance K.N	ucelaM.D.
It TRIBUTING	TO THE DEATH, BUT	NOT RELATE	T		CHIEF OF ASST. MEDICAL	EXAMINER.
			FINDINGS OF OPER	ATION		20. AUTOPSY?
V V	- 4					YES ND
= 21A. ACCID	ENT WAS UNDER. R CONTRIBUTING		CE OF INJURY (e. g., in earm, factory, atreet, office bldg., e		(If in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
F INJURY			WHILE AT NOT WHILE			
- T		m.	WORK AT WORK	× 1174 1950, to	ATT 11 PE 0	8
22. I hereb	y certify that I att			4 30 to	100 /1 , 190	, that I last saw the
23A. SIGNA	TURE	, 19.5	and that death occur	3B_ADDRESS	m the eauses and on	the date stated above.
1	Munes	yerry	м. р.	903 2 WXC	MUA	10/12/50
24A. BURIAL,	CREMA- 24B. DATE	1	24c. NAME OF CEMETE	RY DR CREMATORY   24	D. LOCATION (City, tow	n, or county) (State)
Burial	Oct.14	/50 I	Woodlawn Cen	etery, Wo	gdlawn Balte	.Md.
DATE RECEIVE	D BY   REGISTRAR	A		25 FINERAL DIRECTO		ADDRESS
LOCAL REGIST	TAR	1 7	Illians 16 -	from Alisto	4101 Edmor	adson Ave.
			A V	my way to the state of the		

VS 150



BIRTH NO.

CERTIFICATE OF DEATH

Registered N

1. NAME OF DECEASED 6/90 A S/0/97

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A. USUAL RESIDENCE (Where deceased lived, If is a state of the state

Registered No.

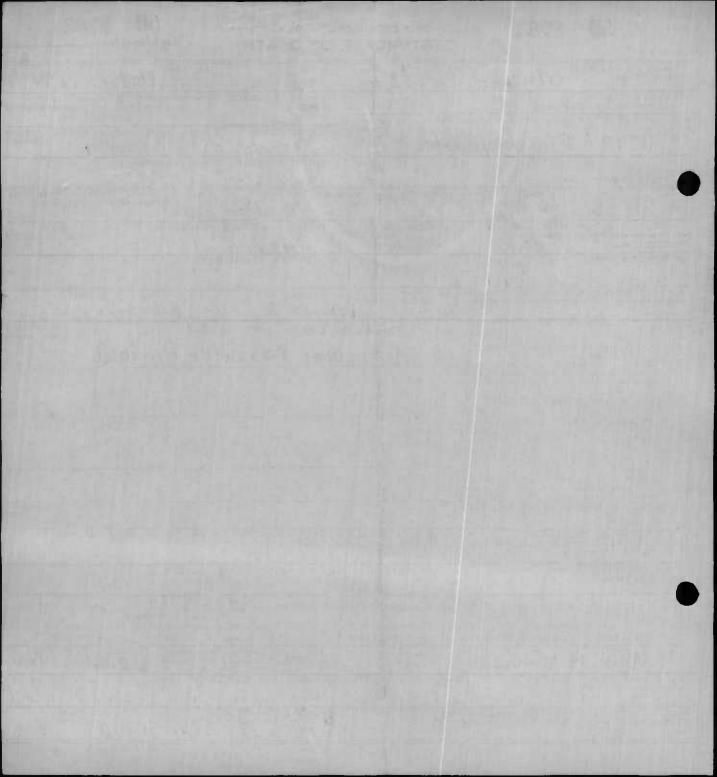
(7	Type or Print) 6/90 / 3/07er		OF OCT. 12, 1900						
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If institution: residence  B. COUNTY before admission						
₿.	FULL NAME OF If not in hospital or institution, give street address or	Md							
H	OSPITAL OR location)	C. CITY OR TOWN (If or	utside corporate limits, write RURAL and give						
	ISTITUTION 1308 Widexington St.	BALTIMORE.	19-02 township						
H	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)						
	Length of stay in Baltimore Days	1308 W- LexIN	6/0N S!						
F	Endle White MARRIED (Specify)	3-10-1900	9. AGE (In years last birthday) Months Days Hours Min.						
	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY						
3	SEAMSTRESS (LITHING (M))	MARYLAND	d   Wilai coskiiki						
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME						
	ME HALL SCHMIGT								
1 ! (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)	17. INFORMANT /RVING J SLATER	1308 W LEXINGTON ST						
		OF DEATH	INTERVAL BETWEEN						
			ONSET AND DEATH						
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Cetebral Vascular Accident							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	·····							
	ANTECEDENT CAUSES								
Z	DISEASES OR CONDITIONS. IF ANY, GIVING								
H	RISE TO THE ABOVE CAUSE (A) STATING THE PUE TO UNDERLYING CONDITION LAST.								
CERTIFICATION									
L	П (С)								
K	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
CE	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   198, MAJOR FINDINGS OF OPERA	ATION!	22 AUTOROVA						
_	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	A11014	20. AUTOPSY?						
A	21A EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in	or   21c. WHERE DID (If	in Baltimore City, give exact location)						
EDIC	21a EXTERNAL CAUSE WAS PRIMARY☐ OR CONTRIBUTING☐ CAUSE OF DEATH.  21b. PLACE OF INJURY (e.g., in	to.) INJURY OCCUR?							
M	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21f. HOW DID INJURY	OCCUP?						
	OF INJURY WHILE AT NOT WHILE	TIP. HOW BID INSURT	occor,						
	m.   WORK L. J AT WORK L.		-4 T/C						
	^{22.} I certify that I took charge of the remains described a	bove, held an hispe	spection or Inquiry thereon and from						
	the evidence obtained by said Autopsy, Inspection or I:	nguiry, find that said deci	eased died on the day stated above						
	and death in my opinion resulted from: natural causes	Y, accident □, suicide □	], homicide [], undetermined [].						
	23A. SIGNATURE	23B. CHIEF MEDICAL EX ASSISTANT MEDICAL EX							
2	M. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	D. MEDICAL INVESTIGATOR							
	ON, REMOVAL (Specify)	A Part T	SATION (Only, town, or country) (State)						
4		11-10,8 1 19-1/201	mer purpose ind						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS						
6	10/3/10/20	1001111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- The too Houseline						

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correct age is especially important. Infisionals: picase write the causes of death clearly and legibly.

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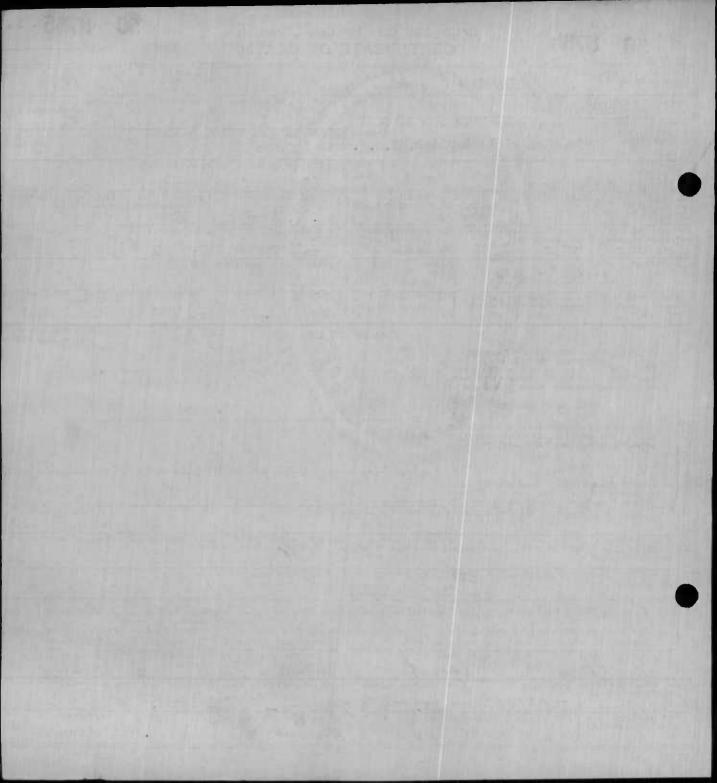
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

istand No

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)  William Walter TI	PTLE Sr.   2. DATE OF Oct. 11, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	
HOSPITAL OR INSTITUTION Church Home & Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
	Baltimore 7-0
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days 5, SEX   16, COLOR OR RACE   7, SINGLE, MARRIED.	
WIDOWED, DIVORCED (Specify	
Male White married	January 8, 1895   55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	WHAT COUNTRY
Cil Tester Standard Cil Cc.	Baltimore, Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WM. W. Tittle	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn nr nnknnwn) (If yes, give war or dates nf service) SECURITY NO.	17. INFORMANT ADDRESS
no   215-07-2300	Mrs. Frances Tittle, wife, above
DISEASE OR CONDITION DIRECTLY	OF DEATH  ralized arteriosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OPERAT	YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
OF INJURY	
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy thereon and from  Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the day stated above  X, accident \( \subseteq \), suicide \( \supremath{\supremath{\capaq}} \), homicide \( \supremath{\supremath{\capaq}} \), undetermined \( \supremath{\supremath{\capaq}} \).
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETE 110N. REMOVAL (Specify) 10-14-50 Cedar Hill Cen	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR Home, Inc. ADDRESS 2601-3-5 E. Madison St.
VSC5 31950	
093	22 94a V

F-424	BALTIMORE CITY H	EALTH DEPARTMENT	50	8785
BIRTH NO.		E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)	ward Is of fee	rale	2. DATE OF DEATH	2, 1950
a. Baltimore City, Maryland		4. USUAL RESIDENCE (\) A. STATE Maryland	Where deceased lived, If ins B. COUNTY	titution : residence before admission
B. FULL NAME OF (If not in hospital OR INSTITUTION Union Temor.	ial Hospital, D.O.A.		f outside corporate limits,	write RURAL and give township
Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (III		
S. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify married	Jan. 9, 1395	9. AGE (In years liberal last birthday) Month	der I Year hs Days Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Streetcar Operator		11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME William Fleag	le	14. MOTHER'S MAIDEN N	AME	
15. WAS DECEASED EVER IN U. S. ARMED (Yee, no or unknown) (If yee, give war or dated	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Howard J. Fleas		RESS Chiel Road
heart failure, asthenia, etc. It mea injury or complication which control of the	caused death.) DUE TO  SES  (B)  F ANY, GIVING STATING THE DUE TO AST.  (C)			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	RATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.,		If in Baltimore City, give	YES NO X
Z 21D. TIME (Month) (Day) (Year) OF INJURY	(Mour) 21E. INJURY OCCURE WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJUR	Y OCCUR?	
the evidence obtained by and death in my opinion  234 SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  DURI 1 7 7 7 6 / 5	said Autopsy, Inspection or resulted from: natural cause	Autopsy, Inquiry, find that said d s ③, accident □, suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	Inspection or Inquiry deceased died on the homicide , und	DATE SIGNED
The little principle with the little of the	s signature ()	25. FUNGRAL DIRECTOR	) A	or land DDRESS Street

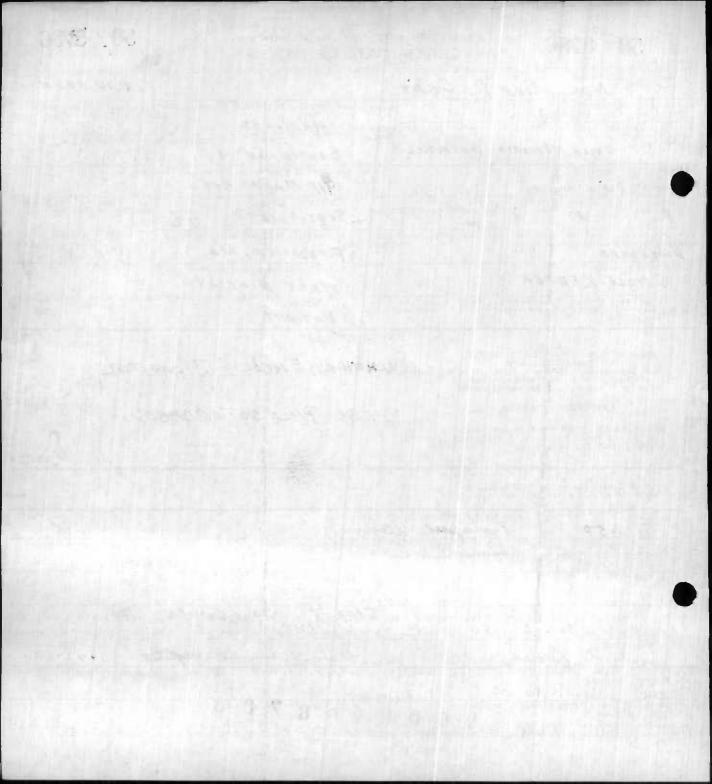


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#### CERTIFICATE OF DEATH

Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MRS. ALICE R. GRAY OCT. 12, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY, A. STATE before admission) (If not in hospital or institution, give street address or MARYLAND B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNION HEMORIAL HOSPITAL BALTIMORE 14 D. STREET ADDRESS (If rural, give location) Mos. 2911 MANNS AVE. ength of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | ff Under 1 Year | If Under 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Sept. 9, 1878 72 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekind of 12. CITIZEN OF 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FREDERICK, MD. HOUSEWIFE U. S.A . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE KEBFER MARY HIMBURY 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. PATIENT INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY WLHONARY EMBOLI, BILATERAL LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PELUIC PHLEBOTHROMBOSIS ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from SEPT. ? . 1950 to Ger. 12 , 1956 that I last saw the deccased alive on Der. 12 1950, and that death occurred at 6:15 pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Union Wennial Hospital Deach achar 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 10-16-50 Durial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



P-116

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

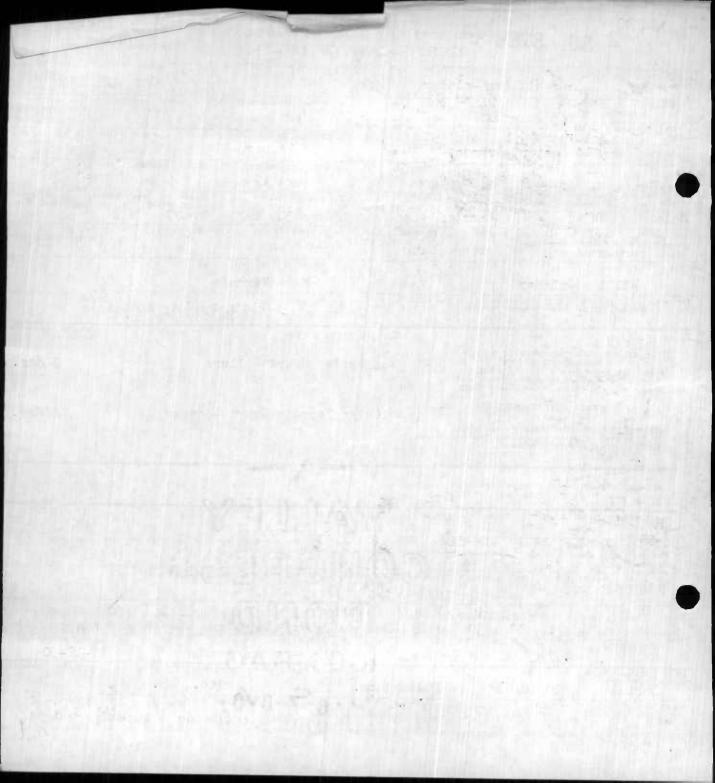
ВІ	RTH NO.			CERTIFICA	IE OF D	E.A I H		Registered	NO.
(T	NAME OF E	COHN	CP	FEIFER		*		DATE. OF DEATH	10/12/50
	Baltimore	City, Maryland			4. USUAL	RESIDEN	NCE (Where	deceased lived.	If institution: residence before admission)
B. HO	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit		ion, give street address locatio	c. CITY OF	12		de eorporate lin	nits, write RURAL and give
1	0	1020 KUS	SELL				7M ORE	40 1	or of contamp,
		stay in Baltimore	111	Yrs Mos Day	.	/	RUSS		
5.	SEX 1	6. COLOR OR RACE	WIDOW	E, MARRIED. PED, DIVORCED (Speci PARCIED)	8. DATE O	BIRTH /87	75	ast birthday)	Months Days If Under 24 Hours Min.
10 worl	done during most	CCUPATION (Give kind of of working life, even if retired)	111	OF BUSINESS OR INDUSTR	Y	TIMON	ate or foreign	country)	12. CITIZEN OF WHAT COUNTRY
	. FATHER'S	UKKNOWN			14. MOTHE	, .	DEN NAME	,	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORT	MANT MANA	AY PEEL		ADDRESS RUSSELL ST
CATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	FH dying, e.g ns the disease aused death.  FANY, GIVIN STATING TH	(A)	of DEATH	nemori			onset and death
CERTIFICATION	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D					
				FINDINGS OF OP	ERATION				20. AUTOPSY?
IEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g arm, factory, street, office bld		HERE DIE		Baltimore City	give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	.E	OW DID I	NJURY OC	CUR?	
			ended the	deceased from and that death occ	10/7/50 urred at 10	0.15.	to 10/	12/50 19 uses and on	that I last saw the the date stated above.
	XTa	my De	ilel	м. р.	1226	Han	over S		10/13/50
_	BURIAL,	1 /9/4/9	50	LOUDON 1	7	ATORY		TION (City, tow	
D.	CT 141	REGISTRAR	SSIGNATU	O D J	25. FUNER			· 715 L	ADDRESS 1 GAT 57 -30

of Meiles 8 W/1 A. 76 = 12n

LC	142198	1
D	-42	6

correct age is especially iniportant. Infortants, prease wire

776	142198	5,6	0 975	BAL	TIMORE CITY HE	EALTH DEPARTMENT	50	8788
4	N 7		0 67.08	203	CERTIFICAT	E OF DEATH	Registered N	0
	RTH NO.			Cha	oman —		Le DATE	
(T	NAME OF D	ECEASE	Will	.iam/De	lcher		of Oct.	12, 1950
A.	PLACE OF D Baltimore (	City, M:	aryland			4. USUAL RESIDENCE (	Where deceased lived. If i	institution: residence before admission)
B. HO	SPITAL OR ISTITUTION	Balt 4940	imore Cj Easterr	ty Hos	ion, give street address or pitals location) e	c. CITY OR TOWN (I Baltimore	f outside corporate limits	s, write RURAL and give township)
				Т	Yrs.	D. STREET ADDRESS (If	rural, give location)	No. am.
	ength of s	tay in 1	Baltimore	גד	ife Mos. Days	1725 Ashbur	ton Street	
	sex lale	Whit	OR OR RACE		E. MARRIED. VED, DIVORCED (Specify) ied.	June 30, 1873	9. AGE (In years Monage of the last birthday) Monage of Total Control of the last birthday of	Under 1 Year If Under 24 Hours nths Days Hours Min.
1C worl	A. USUAL OC done during most	CUPATI	ON (Givekindof)	108. KINE	o of Business or INDUSTRY	11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S					14. MOTHER'S MAIDEN N	IAME	
	Wil	liam	Delcher			Mary Baron		
15 (Ye	6, WAS DECEAS 6, no or unknown)	ED EVER (If yes	IN U, S. ARMED , give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT altimo	re City Hospi	DDRESS tals
	1B.420.	0			CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failt	SE OR ( LEADII not mea	CONDITION NG TO DEAT an the mode o nia, etc. It mea ation which c	'H f dying, e. : ns the diseas	se, (A)	stive Heart Failu	3 Mos.	
RTIFICATION	ANTECEDENT CAUSES  (B) Arteric  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)					osclerotic Heart	Disease	2 Mos.
CERTIF	TRIBUTING	G TO THE	II CANT CONDI E DEATH, BUT OR CONDITION	NOT RELAT	ED			
	19A. DATE	OF OPER	RATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
EDICAL	21A. ACCIE LYING 0 CAUSE OF	R CONT	AS UNDER- RIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City, g	YES NO Egive exact location)
Σ			(Day) (Year)	(Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereb deceased a 23A. SIGNA	live on_		ended the	deceased from Ocand that death occu	ctober 3, 1950 to rred at 7:50 BM, from 238. ADDRESS 4940 Eastern Ave	the causes and on th	
2 T1	4A. BURIAL, ON, REMOVAL (1 Buria	Specify)	24B. DATE 10/16/		24c. NAME OF CEMETI Balto/ Cem.	ERY OR CREMATORY 240.		
	ATE RECEIVE	D BY	REGISTRAR			250 UNERAL DURECTOR	ener & Son	ADDRESS IN
C	VS 150	U			1		0	932

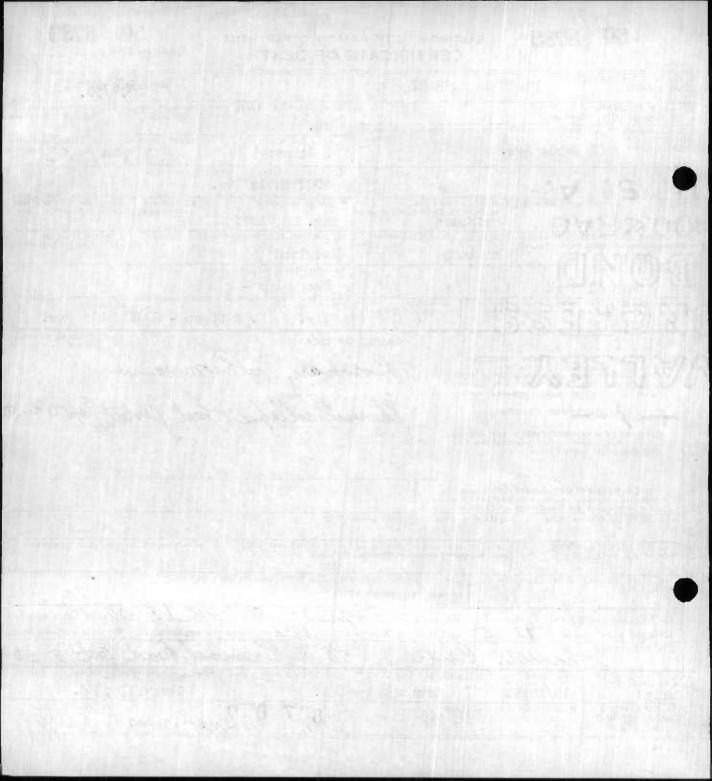


H-630 8789

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

f ( 89)

BI	RTH NO.			CERTIFICATE	E OF DEATH	negistered	NO
1.	NAME OF D	ECEASED FLO	RENCE F	E. HART		2. DATE OF DEATH 10/	12/50.
A.	PLACE OF D Baltimore (	City, Maryland	al or institut	on, give street address or	4. USUAL RESIDENCE (	Where deceased lived. I B. COUNTY	f institution: residence before admission)
HC	SPITAL OR	5002 Embla Av		location)	c. CITY OR TOWN (I Baltimore	f outside corporate lim	its, write RURAL and give township)
Ĉ.	Length of s	tay in Baltimore		Yrs. Mos. Days	5002 Embla Ave		
	sex female	6.COLOR OR RACE		E, MARRIED. VED, DIVORCED (Specify) DWEd	8. DATE OF BIRTH Aug. 26, 1872	9. AGE (In years last birthday) M	M Under 1 Year M Under 24 Hours Onths Days Hours Min.
	done during most	CCUPATION (Give kind of of working life, eveo if retired) ewife	at ho	OF BUSINESS OR INDUSTRY DMC	11. BIRTHPLACE (State or ) Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	nuel Beck			Georganna -	IAMÉ	
15 (Yo	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If you, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs. J. H. Ho		ADDRESS Embla Aver.
ERTIFICATION	heart fail- injury or  DISEASE RISE TO UNDERL  OTHER TRIBUTIN	s not mean the mode are, asthernia, etc. It mes complication which antecedent CAU:  S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  SIGNIFICANT COND G TO THE DEATH, BUT	ITIONS COINTERLATIONS TRANSPORTER TO THE STATING THE STATE OF THE STAT	(B) Thyse  (B) Thyse  (C)	ial collapse 4	heat phosp	setin Sept 5th-5
AL C		OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID HOMICIDE	ENT, SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
M	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?	•
	dcceased of	TURE of Oct 18	2, 1950.	deceased from and that death occur		the causes and on loef Road	23c. DATE SIGNED
TI	4A. BURIAL. ON. REMOVAL ( Burial	Specify) 248. DATE 10/16/5	50	Druid Ridge	Cem.	Pikesyil	le, Md.
	ATE RECEIVE		Day 1 1	5 0 400	25 MINERAL DIRECTOR	ner Vons	= Sulty
	VS 150					09	4a.



K-420

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR JOWN (If outside gorporate limits, write RURAL and give INSTITUTION Yrs. (Iffrural, give location) O. STREET ADDRESS reamo Mos. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years) It Under 1 Year last birthday) Months Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY alv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bohn Unna 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or anknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 atelet OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 1900, to 10 13 , 1910, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 16 -13 . 1950, and that death occurred at 1 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 6016- MONChy 240. AOCATION (City, town, or county) / (State) 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY Mondopld REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR il In 201

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BALTIMORE CITY HEALTH DEPARTMENT

50 8791

D	IDTH NO			CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF D	DECEASED		1		2. DATE	
(Type or Print) Jesse Howard Rogers						OF DEATH 10-10	-50
	PLACE OF D				4. USUAL RESIDENCE (V		
	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or location)	Maryland		
	ISTITUTION	77 - 7 - 7	T			outside corporate limits, v	vrite RURAL and give township)
		Baltimore (	ity Ho		Baltimore	17	Call from
			Τ.	Yrs. Mos.	D. STREET ADDRESS (If		
manufacture.	Length of s	stay in Baltimore	Li	200313	222 N. Mount		lar 3 Veni L III Harbi 25 House
3.		6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   f Und last birthday)   Month	ler I Year   H Under 24 Hours   Days   Hours   Min.
	Male	Negro	Sing		July 13, 1937	13	
		CCUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
	Joh	n Colbert			Florence Rog	ore	
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		RES#4940
(Ye	s, oo or ooknown)	(If yes, give war or date	s of service)	SECURITY NO.	Records* Balto.		
-	10 2			041105		oley mospicals	INTERVAL BETWEEN
	18. DISEA	SE OR CONDITION			OF DEATH		ONSET AND DEATH
	(This doe	LEADING TO DEA		Neurobl	astoma, primary	sight unknown	4- mos.
	heart fall	ure, asthenia, etc. It mes	ns the disea	se, wid	e spread Metastas	16	
	3.1.3.1.7				2	20.	
Z	981118	ANTECEDENT CAUS	SES	(B)			
ERTIFICATION	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING T	NG			
10							
Ē		11		(0)			• • • • • • • • • • • • • • • • • • • •
CER	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	'ED IT			
L	0 0			FINDINGS OF OPER	PATION		20. AUTOPSY?
U Y		4-50	Bions		Late Willens DID /	If in Baltimore City, give	YES NO
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		ir in Baitimore City, give	e exact location)
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
			m.	WORK AT WORK	8-24 1050 to 1	0 10 50	
	22. I herel	by certify that I att	ended the	deceased from	. 10 - 10	0-10- , 19 50	that I last saw the
deceased alive on 19-10, 1950, and that death occurred at 3:10m2 from the causes and on the date stated about 23a, SIGNATURE   23a, SIGNATURE   23c, DATE SIGNE							
	23A, SIGNA	TURE	LA	11.	4940 Eastern Ave		
2	4A. BURIAL,	CREMA- 248, DATE	1	24C. NAME OF EMETE		OCATION (City, town, or	10-11-50 county) (State)
9	DULLAC	Syeify) 10-14-1	950	Western	Star Ca	tonstell	o Mol
	ATE RECEIVE		SSIGNAT	URE	20. FUNERACIDIRECTOR	7	DDREES 322N
	OCAL REGIS	The Contract	1/0V-771	V	mr. Kata ()	. Williams	Schroder &
1	VS 150						
11							0546

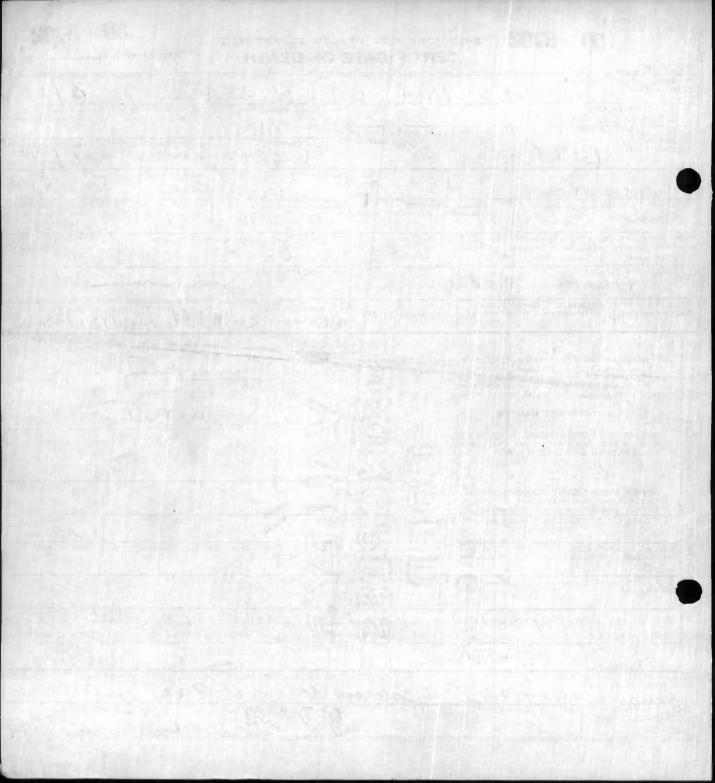
THE REPORT OF THE PERSON 

M-343
8792 BALTIMORE CITY HEALTH DEPARTMENT

#### CERTIFICATE OF DEATH

Registered No.

В	RTH NO.	CERTIFICAT	L OI BLATTI	
	NAME OF DECEASED  ype or Print) CHAR	LES MIDLE	JON JR, 2. DATE OF DEATH	10/8/50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived.	lf institution : residence before admission)
В.	FULL NAME OF (If not in hos	spital or institution, give street address or	MA.	before admission)
	STITUTION ///9 R	ace of location)	C. CITY OR TOWN (If outside corporate line and the composition of the	mits, write RURAL and give
	Length of stay in Baltimore	2003	D. STREET ADDRESS (If rural, give location)	
5.	Male 6. COLOR OF RAC	CE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
	A. USUAL OCCUPATION (Give kin done during most of working life, even if rotin	adof 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	midle ton -	14. MOTHER'S MAIDEN NAME	
15 (Ye	. WAS DECEASED EVER IN U.S. AR s, no or unknown) (If yes, give war or o	MED FORCES?   16. SOCIAL SECURITY NO.	Blarence Midlety	ADDRESS 413W Barre
	18. 443X	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITIO LEADING TO D (This does not mean the mon heart failure, asthenia, etc. It injury or complication which ANTECEDENT CA	DEATH de of dying, e.g., means the disease, th caused death.)  DUE TO	rnie Muy cardela	
RTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	S, IF ANY, GIVING (A) STATING THE DUE TO I LAST,	Pelens Regurd	رو
CERTI	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDIT	NDITIONS CON-		
AL	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER		20. AUTOPSY?
1EDIC,	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.,		y, give exact location)
Ć	21D. TIME (Month) (Day) (Ye OF INJURY	ear) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  MORK AT WORK		
	22. I hereby certify that I	attended the deceased from	. / / / /	Jothat I last saw the
			rred at _ 4 m., from the causes and on	
	23A. SIGNATURE		23B. ADDRESS	23c. DATE SIGNED
_	man	yauru M.D.	1xvv. See 1	10/10/52
	AA. BURIAL, CREMA- DN. REMOVAL (Specify)	4150 mt Calva	ry et a. a. Co., T	wn, or county) (State)
	ATE RECEIVED BY REGISTRA	AR'S SIGNATURE	20 FUNERAL DIRECTOR . 1082	ADDRESS
18	VS 150	- 12/1/1/continue	. aawwwo-lan	- Lugomery 4
1	V3 130	57324		932

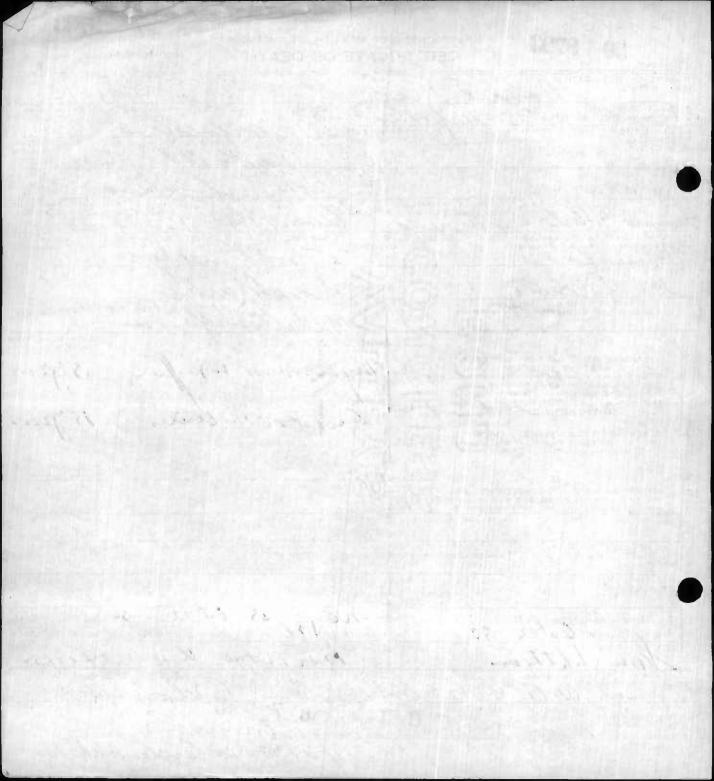


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#### BALTIMORE CITY HEALTH DEPARTMENT

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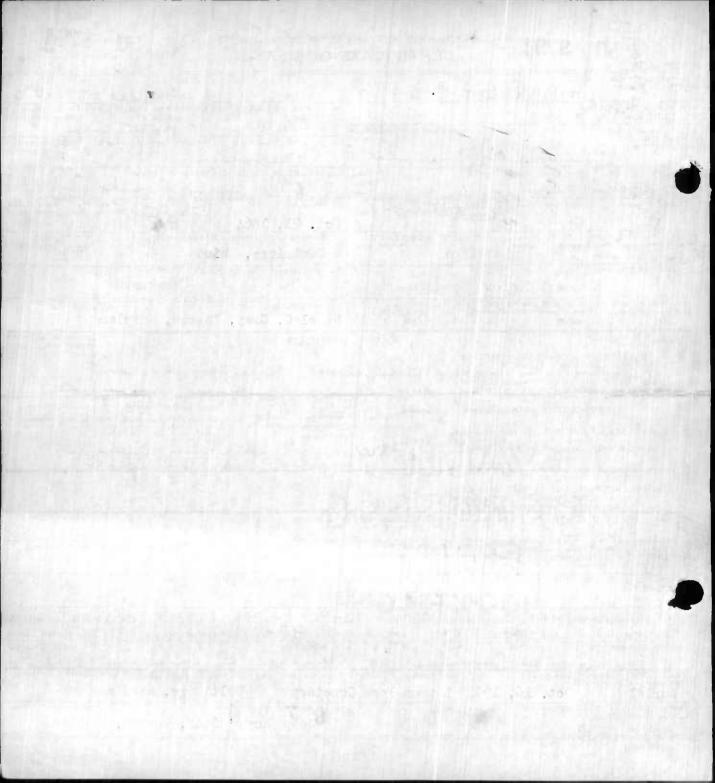
BIRTH NO.	CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED		
(Type or Print)	Kice	2. DATE OF 10/12/50.
A. Baltimore City, Maryland 3814	Inhellera	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
HOSPITAL OR	ution, give street address or location)	c. CITY OR TOWN /(If outside corporate limits, write HURAL and give
INSTITUTION		B. B. M. 15 (pownship)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore	Days	3814/Yorfolk ave
	LE, MARRIED, DWED, DIVORGED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday)  Months: Days Hours Min.
	ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Itousewell	INDUSTRY	Brooklandt. G. WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES	1.16 COCIA	Leonar area
(Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs M. H. J. J. 10 Cartiffe gulstice
18. 260 X	CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		ONSET AND DEATH
(This does not mean the mode of dying,	e. g., (A)	gotondrof in Juffing Syron
heart failure, asthenia, etc. It means the dis injury or complication which caused de		
ANTECEDENT CAUSES		1 1 20 - 00 = 100 %
DISEASES OR CONDITIONS, IF ANY, GI	(B)	white melling 13 from
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		
UNDERLYING CONDITION LAST.		
11	(C)	
OTHER SIGNIFICANT CONDITIONS ( TRIBUTING TO THE DEATH, BUT NOT REL		
U TO THE DISEASE OR CONDITION CAUSING	OR FINDINGS OF OPER	ATION   20, AUTOPSY?
AL		YES NO
	LACE OF INJURY (e. g., in the farm, factory, street, office bldg., offic	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE AT NOT WHILE	TIP THE REPORT OCCUR.
m.	WORK AT WORK	20 125 127 12 150
22. I hereby certify that I attended to deceased alive on UV/2, 1950	ne deceased from 22	red at 7 m., from the causes and on the date stated above.
23A. SIGNATURE	_, and that death ocean	3B. ADDRESS 23c, DATE SIGNED
Much whiterous	м. D.	1720 Eutin Clov. 0714150
248 BURIAL, CREMA 248. DATE	24C NAME OF CEMETE	0 0 0 70
Jurian Oct 13/30	Lactoste	ew Om Clair gett
DATE RECEIVED BY REGISTRAR'S SIGNA	5 5 0 0	25 EUNERAL DIRECTOR
	C) TO CE Y LETT	Julneus ka
VS 150		1/2432 Reisterston Rd-17
		061.0



6-600

# BALTIMORE CITY HEALTH DEPARTMENT Registered No.

В	RTH NO.		CERTIFICATI	E OF DEAT	H Registered	110.
	NAME OF DECEASED				2. DATE	
(1	'ype or Print) HARR	IETT	B. GRAY		DEATH OC	113,1950
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived, I. B. COUNTY	f institution : residence before admission)
В.	FULL NAME OF (If not in hospit	al or institut	ion, give street address or	Md.	Bult	
	OSPITAL OR		location)	C. CITY OR TOWN		ts, write RURAL and give
2	1 Omeres	en	Hospital	Fer	James	township)
			Yrs.	D. STREET ADDRE	ESS (If rural, give location)	
-	Length of stay in Baltimore		Mos. Days	610	youls Roas	2340
5.	SEX 6. COLOR OR RACE	7. SINGL	E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year on the Days Hours Min.
	T W	WIDO.	CONTROL (Specify)	Oct. 21, 18	64 85	onths, Days Hours, Min.
10	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	10B. KINE	OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
	tour te	At Her	ne industri	Cambridge	, Ohio	WHAT COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	1
	Unknown Dud	irow			Unknewn	
15	. WAS DECEASED EVER IN U. S. ARME	FORCES?	16. SOCIAL	17. INFORMANT	Δ	ADDRESS
(Ie	s, no or unknown) (If yes, give war or date	s of service)	SECURITY NO.		ay, Towson, Maryl	
-	18. 14/24		CAUSE	OF DEATH	, , ,	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		DNSET AND DEATH
	LEADING TO DEA	TH	(00	100 long	Lead A cura	
	(This does not mean the mode of heart failure, asthenia, etc. It mea	ns the diseas	(A)			F.,
	injury or complication which	aused death	L) DUE TO	alecalelly to	of Capsule	
_	ANTECEDENT CAUS	SES	aus	Fift	henriponer	
TION	DISEASES OR CONDITIONS,	F ANY, GIVIN	(B)		Hemiparesis !	
E	RISE TO THE ABOVE CAUSE (A)	STATING TH	HE DUE TO	. 5 0	erie - Un sule	O .
FICA			(c)	10-5 dere	assure O	
F	11					
RT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT					
CE	TO THE DISEASE OR CONDITION					
1	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA	None	1 04- 51		1.04- 1111-	to the terminal control of the	YES NO
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			give exact location)
2	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
М	OF INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I at			-9 105	0, to 10 - 13 , 193	Other I leat again the
	deccased alive on 10-12	19 50	and that death socie	red at 420 Am	from the causes and on t	
	23A. SIGNATURE	, 10		3B. ADDRESS	grom the causes and on t	23c. DATE SIGNED
	Elmon W	Demo	west M.D.	Umuen	sila Hosp.	10-13.50
2.	AA. BURIAL, CREMA- 24B. DATE DN, REMOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY	24D. ADCATION (City, town	
	Burial Oct. 16	1950	Louden Park C	emetery	Baltimore, Maryl	and
	ATE RECEIVED BY REGISTRAR	S SIGNATI	IRE CONTRACTOR	25. SUNBRAL DIR	ECTOR	ADDRESS
-	OCAL REGISTRAR	こう / 世	SACIO ATAI	John Bur	ns Sons, Towson,	Maryland
-	VS 150					4
	130				/	593 d
						1000

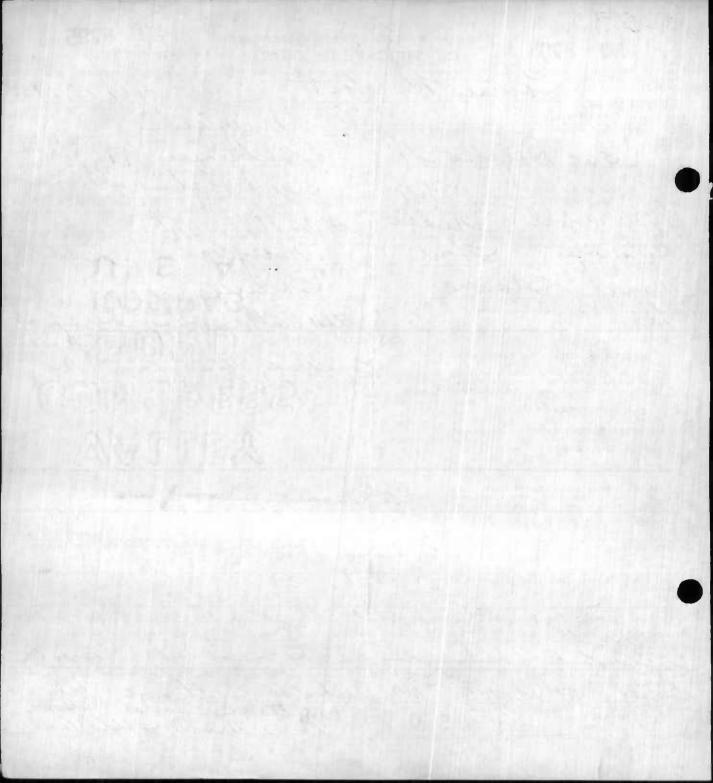


# 5-300

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No....

BII	RTH NO.	0 8735	C	ERTIFICAT	E OF DEATH	-  Regi	istered No	
	NAME OF D	ECEASED To	uise	1. S	catt	2. DATE OF DEATH	Oct.	10,1950
Α.		City, Maryland			4. USUAL RESIDE	NCE (Where decease		tution: residence before admission)
HC	FULL NAME SPITAL OR STITUTION	0	0,1.	, give street address or location)	c. CITY OR TOWN	Uf outside corpo	orate limits, wr	ite RURAL and give
	()	520 No	Cphin	Yrs.	D. STREET ADDRE	S\$ (If rughl, give lo		C) Bears
	Length of s	tay in Baltimore	0	59 Ms. Mos. Days	5201	Volphi	/ /	7.
5.	Temale	Colored RACE	7. SINGLE.		Sest. S. 18	102 AGE (Ir last birt	h years If Under	I Yeer II Under 24 Hours Days Hours Min.
10. work	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. FIRTHELACE (8	tate or foreign country	y)   12.	CITIZEN OF WHAT COUNTRY?
13.	Nanc	iel 31	aun	,	14. MOTHER'S MAI	DEN NAME		
15 (Yes	WAS DECEASE no of unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT	4 Bowlin	ADDR	Ess Sol
RTIFICATION	(This does heart failu injury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g., uns the disease, eaused death.) SES F ANY, GIVING STATING THE UST.		OF DEATH	Xenas		WITERVAL BETWEEN ONSET AND DEATH
CER	TRIBUTING	IGNIFICANT CONDI	NOT RELATED		moselno			
CAL	ISA. DATE C	F OPERATION 0 1	98. MAJOR F	INDINGS OF OPER	ATION			YES NO
MEDIC	CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH (Month) (Day) (Year	about home, farm	E OF INJURY (e. g., i o, factory, street, office bidg., E. INJURY OCCURR LE AT NOT WHILE ORK AT WORK	ED 21F. HOW DID		ore City, give	exact location)
	22. I hereb	y certify that I att	tended the de	eeased from	0 - 8 1950	from the causes of		
	23A SIGNA			e le M. D.			23	O Sy. S TU.
24 TIO	N. BURIAL. (S DUNCAL (S	BEMA- 24B. DATE Oct. 14	1950	MAME OF GEMETE	unurn)	3 Ltim	city, town, or co	his. (State)
LC	TE RECEIVE	D BY REGISTRAR	SIGNATURE	4 ⁶ 12 . 3	25 FUNERA PUR	Druid	Afil,	Pare.
	UV\$ 150		41					083a



VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

59 8796

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATHOCTOBER 13 1950 (Type or Print) MISS ELLEN BROSNAN. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland BALTIMORE CITY B. COUNTY before admission) 4301 ROLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION KIRKLEIGH VILLA. township) BALTIMORE CITY. D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore years 4301 ROLAND AVE. Days 9. AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Dec. 23,1860 Female Single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ireland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy Brosnan Catherine Hogan 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Miss Ellen Brosnan 4301 Roland Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., CHRONIC MYOCARDITIS DECEMBER 1949. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ARTERIOR SCLEROSIS. 1949. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CHRONIC ARTHRITIS. 1949. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL NONE NONE NO 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT. SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE ! WHILE AT AT WORK DECEMBER 289 49 to 22. I hereby certify that I attended the deceased from deceased glipe on OCT 13, 19 50, and that death and that death occurred at 5.15Pm., from the causes and on the date stated above, 234 SIGNATURE 23c. DATE SIGNED 23B. ADDRESS OCT 13 1950 3013 ST PAUL STREET. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE Burial Monte Marie, Towson, Md. Towson, Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR 805 N. Calvert st.

£ 112 PART OF STREET BUILDING . Dant de PRINCEPLE FULL FOR CHE, DARJ SECTION STREET THE PARTY OF THE P . THE STATE OF THE STATE OF THE WORLD STREET

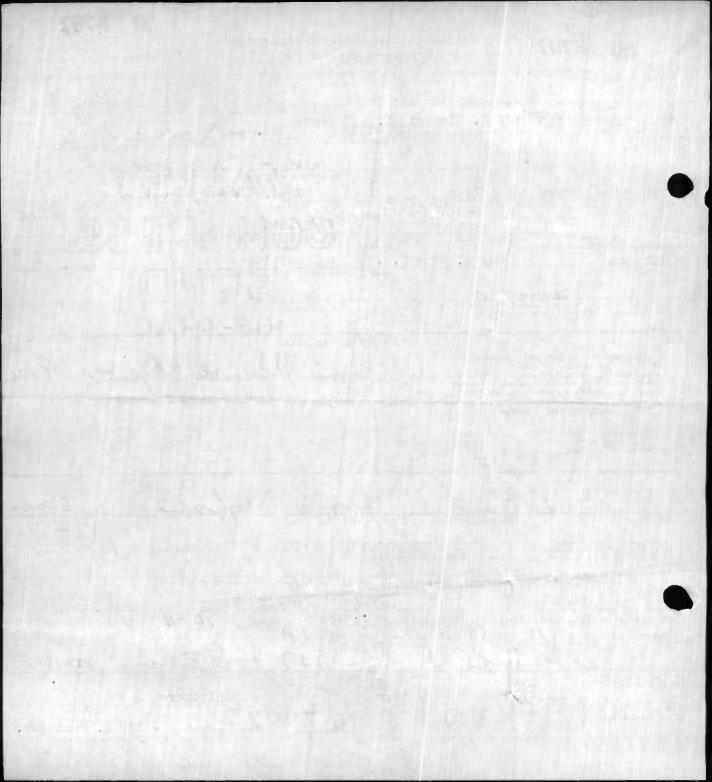
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

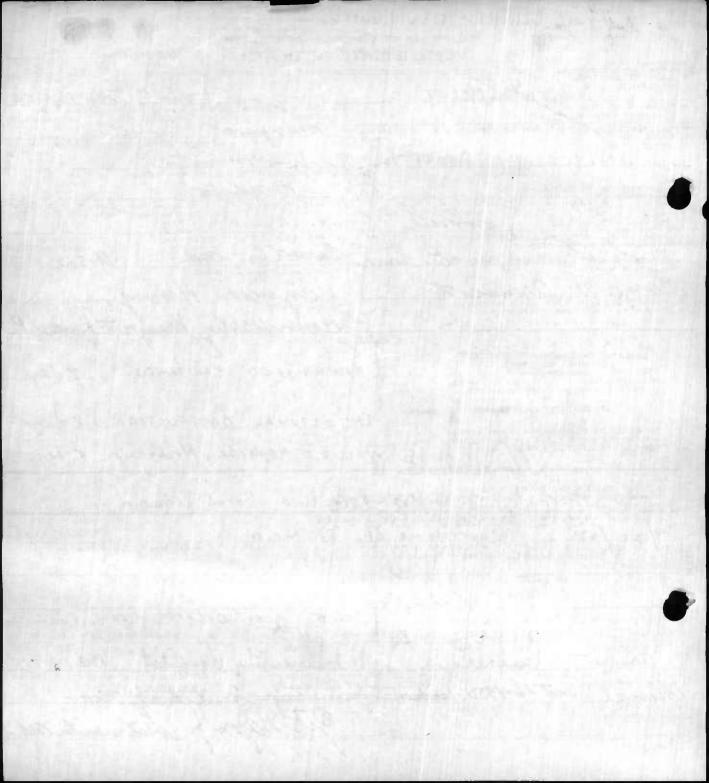
Launtaina	Ma	

50 8797

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	1 No
	F DECEASED			2. DATE	
(Type or Prin	nt)	JOHN M. CLAR	K	OF	/12/50
3. PLACE O	F DEATH:	75 F Clament St	4. USUAL RESIDENCE	Where deceased lived.	If institution: residence
B. FULL NA	ME OF (If not in hospit	75 E. Clement St. al or institution, give street address or	A. STATE	B. COUNTY	before admission
HOSPITAL O	OR	location		lf outside corporate lis	mits, write RURAL and give
0.0			Baltimore	7.4.	o 2 township
		Yrs.	D. STREET ADDRESS (I	f rural, give location)	
ength o	of stay in Baltimore	Life Mos.	675 E. Cleme	ent Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	
M	W	WIDOWED, DIVORCED (Specify	12/2/1890	59	Months Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Fire	most of working life, even if retired)	Balto. City F.D.	Baltimore		WHAT COUNTRY
13. FATHER		2000 0204 2020	14. MOTHER'S MAIDEN	NAME	
	To amoun	(C) a wh	Mann Caha		
15. WAS DEC	EASED EVER IN U. S. ARMEI	FORCES?   16. SOCIAL	Mary Getz		
	owo) (If yes, give war or date	of service) SECURITY NO.		C	ADDRESS
18. L	4.0.0	CALICE	Family -	Same	INTERVAL BETWEEN
76	2212		OF DEATH		ONSET AND DEATH
	EASE OR CONDITION LEADING TO DEA	TH J/	· 70	0 -0 12.	- Gua
heart f	does not mean the mode of allure, asthenia, etc. It mea	ns the disease.	our your	deal Degen	ralia / 1000
injury	or complication which c	aused death.) DUE TO	V		
	ANTECEDENT CAUS	SES .			
Z DISEA	SES OR CONDITIONS, II	(B)	***************************************	***************************************	
F RISE T	O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE DUE TO			
O DISEA RISE T UNDE	NETHIO CONDITION LA	(C)	***************************************	***************************************	
	11				
	R SIGNIFICANT CONDI		. a	1	
O TO TH	TING TO THE DEATH, BUT E DISEASE OR CONDITION		ronic rest	rulis	6 ms.
J 19A. DAT	E OF OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
<u> </u>					YES NO
	CIDENT WAS UNDER-	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.,		(If in Baltimore City	, give exact location)
CAUSE	OF DEATH				
21b. TIM	E (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
		m. WHILE AT NOT WHILE			
22. I he	reby certify that I att	ended the deceased from [-	- 4 1950 to	10 -11 19	57) that I last saw the
decease	d alive on 10-11	. 1950. and that death occu			the date stated above.
23A. SIG	NATURE		238 ADDRESS	-	23c. DATE SIGNED
	all	ollow M.D.	10) AD	1 aves	10-13.50
24A. BURIA TION, REMOVA		24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, tov	vn. or county) (State)
В	10/16/5	Western	Ba	altimore	
DATE RECE	IVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REG	ISTRAR	TO PRUBLICAN	comes / de &	- I3	O E. Fort Ave.
() (vs 15	A TAFA				
003 13					
	91 1330	76293			131a



1-2.40 CERTIFICATE CORRECT	LU 10-19-50
BALTIMORE CITY HI	EALTH DEPARTMENT
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH October 13, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	maryland Carroll
UNIVERSITY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Mos. Days	Bond St. 364
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   ff Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Practical nume minate for	Carroll Co Md. U.S.a.
13/FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Virginia Herring
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. ) P2 V CALISE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease.	NERALIZED PERITONITIS 8 days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	- 55 WAY 600 FOUNT 100   00
DI DISEASES OR CONDITIONS, IF ANY, GIVING	TESTINAL OBSTRUCTION 8 days
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	wer Nephron Nephrosis & days
	7
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	erative Ca of Sigmois
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
214. ACCIDENT WAS UNDER.   218. PLACE OF INJURY (e.g., i	nor 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
2. I hereby certify that I attended the deceased from O	cf. 5 19.5°, to Oct. 13 , 1950, that I last saw the
deceased alive on O.F. 13, 1950 and that death occur	rred at 11 75 m., from the causes and on the date stated above.
Classo T Inh. Iss.	DOLONIAL DENTAL 23C. PATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
Burral Oct 16.1950 Invision	Consider   Westminster, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR ADDRESS
to be to the state of the state	4.2. Migero h. Westminster md.
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M-452

# BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	The Ken			CERTIF	ICATE	OF DEA	IH	Registe	red No		
	NAME OF Type or Print		PR	at &	ulli				2. DATE OF DEATH	Par	1 1	L'sm
	PLACE OF Baltimore		[aryland				4. USUAL RES	IDENCE (W	here deceased liv			esidence admission)
В.	FULL NAM	E OF	(If not in hospita	al or institut	ion, give street		65.	Da.	V-	4.5		
IN	ISTITUTION	ONNS !	COPRINS HUS	PITAL		location)	C. CITY OR TOV	VN (If o	outside corporat	e limits, wr	ite RUR	AL and give township)
1						Yrs.	D. STREET ADE	DRESS (If r	ural, give locati	on)	`	
	ength of	Total Control	Baltimore			Mos. Days		16				
-	rale	ti	OR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCE	D (Specify)	6 - 1 - 3	10	9. AGE (In year iast birthda)			f Under 24 Hours Lours Min.
rori	k dnne during mo	st of working	ION (Give kind of life, even if retired)	10B. KIND	OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE	State or for	eign country)	12.	WHAT	N OF COUNTRY?
13	s. FATHER'S	NAME	- 2	PP	(000)		14. MOTHER'S	MAIDEN NA	ME ?			
15 (Ye	. WAS DECEA	SED EVER	IN U.S. ARMED	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT	OPKINS HO	SPITE	ADDR	ESS	
FICATION	(This do heart fui injury of DISEAS	LEAD es not me lure, asthor complie ANTEC	CONDITION ING TO DEAT can the mode or oria, etc. It mean cation which compared to the compared	'H f dying, e. 1 f dying, e. 1 f discas aused death ES TANY, GIVIN STATING TH	(A) e, DUE TO	ra	reposition	s of gr	eatives			L BETWEEN
ERI	TRIBUTII	IG TO TH	CANT CONDITE	NOT RELATE	o o							
,	19A. DATE		RATION   1		FINDINGS C	OF OPER	ATION				20. AL	JTOPSY?
Y	10/1	4/5	0								YES	No 🗌
EDIC	LYING CAUSE OF	OR CONT	AS UNDER-		ACE OF INJUR arm, factory, street,				in Baltimore	City, give	exact io	cation)
2	21D. TIME		(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F, HOW D	YRULNI DIC	OCCUR?			
ľ	Noon N			m.	WHILE AT WORK	NOT WHILE						
à			fu that I att				red at/0 - Q	500 60	e causes and	19 <b>5</b> 0 th	at I las	st saw the
	23A. SIGN	ATURE	ha.	Bas		M. D.	3B ADDRESS	DAKIES ROS		23	C. DAT	E SIGNED
TIC	SURIAL.	(Specify)	GCF 19	4-50	24C. NAME OF	0 -	RY OR CREMATOR	RY 240. LO	CATION (City,	town, or co	ounty)	(State)
	ATE RECEIV		REGISTRAR'S	SIGNAT	RES		25 FUNERAL	IRECTOR		AD	DRESS	2017
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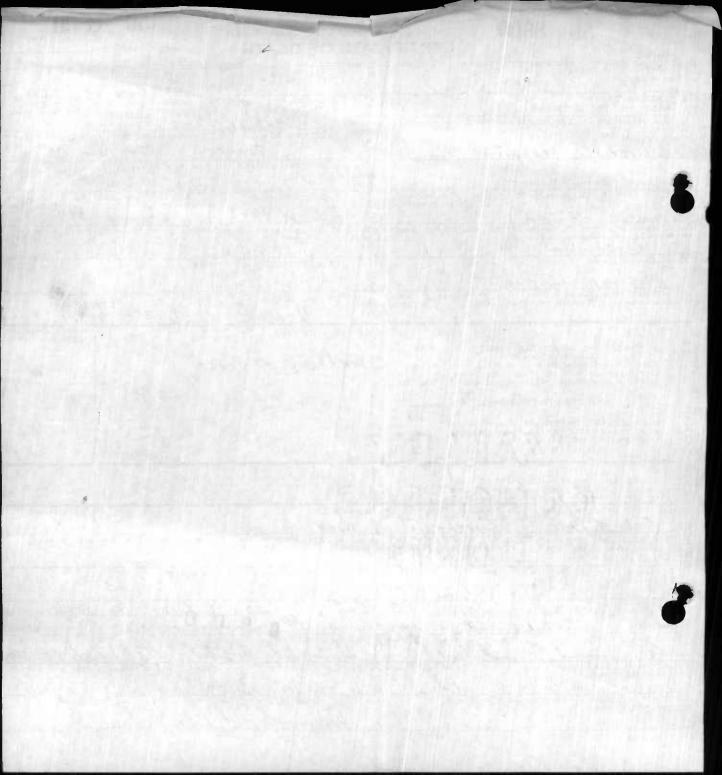
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) 29 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF wark done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 19m 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nn or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Circhosis of liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X LITTHOSIS NO 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in nr 21c. WHERE DID (If in Baltimore City, give exact location) about hame, farm, factory, street, affice bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WORK · I hereby certify that I attended the deceased from_ 1950 to. , 1950, that I last saw the neceased alive on Oct 13, 1950, and that death occurred at 11.50 m. From the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED aymong 24A. BORIAG CREMA-TION REMOVAL (Specify) 24B. DATE 246. NAME OF CEMETERY OR CREMATORY 2/40. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES

VS 150

LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE WILLIAM GROSS DEATH October 12, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 7 W. York Street ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male Colored Zings 108 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL nown 3255 17. ANFORMANT (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. 002 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., A Far advanced bilateral pulmonary tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION NO X EDICAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? - INJURY NOT WHILE WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{M} \), accident \( \mathbb{M} \), suicide \( \mathbb{M} \), homicide \( \mathbb{M} \), undetermined \( \mathbb{M} \). 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23c. DATE SIGNED October 12, 1950

DATE RECEIVED BY LOCAL REGISTRAR

151

24A. BURIAL, CREMA-I

TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURES

248. DATE

24C. NAME OF CEMETERY OR CREMATORY

MEDICAL INVESTIGATOR

THE SECTION OF PERSONS OF DEATH.

5-2,00

VS 150

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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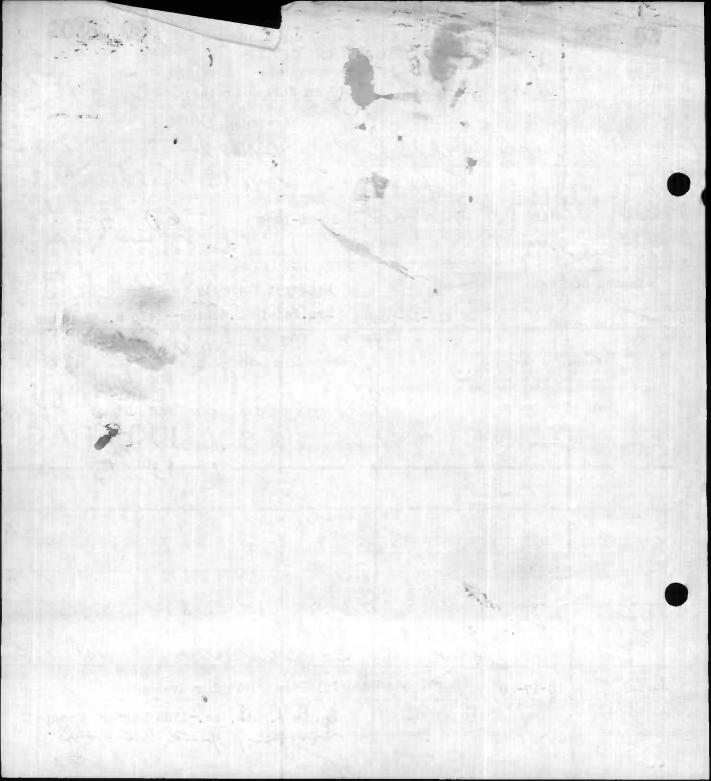
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE SACKS (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION IMOZ D. STREET ADDRESS (If ryra give location) Yrs. ength of stay in Baltimore 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH (In years If Under | Year | If Under 24 Hours | Days | Hours | Min. WIDOWED DIVORCED (Specify) nowed 10A. USUAL OCCUPATION (Give kind of) RUSINESS OR 11. BIRTHELACE (State or foreign country) KIND OF 12, CITIZEN OF work done during does of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If you give war or dates of service) SECURITY NO. INTERVAL BETWEEN 332X 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES terro seles os FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION CAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 1940 to O J. 12, 19 S O that I last saw the aus 22. I hereby certify that I attended the deceased from deceased alive on Oct 12 1950, and that death occurred at 7 Am., from the eauses and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24B, DATE CREMATORY REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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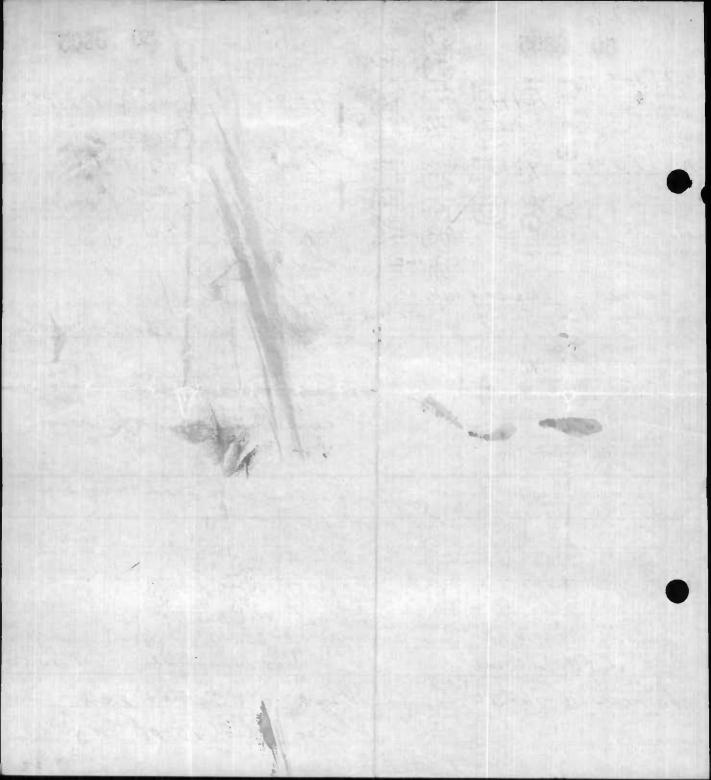
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	/   /	50	con	2	TIMORE CITY H		75 1 .	
ВІ	RTH NO.	30	DELLA		CERTIFICAT	E OF DEATH	Register	ed No.
	NAME OF D	ECEASED	1101	in	MIL	NER-	2. DATE OF /2	2-14-50
	PLACE OF D Baltimore (		yland	1-44		4. USUAL RESIDE	NCE (Where deceased liver B. COUNT)	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If n	ot in hospit	al or institut	ion, give street address or location		(If outside corporate)	imits, write RURAL and give
-		1531	va	RIVE	out Me	D. STREET ADDRES	SS (If rural, give location	27-18 township)
	ength of s				46 Day	3531 8	akmou	+ Clos
7	Kale	6. COLOR	DR RACE		E, MARRIED, (ED, DIVORCED (Sylecify)	8. DATE OF BIRTH	9. AGE (In year last Hilday)	Months Days Hours Min.
10	A. USUAL OC	of working fo,	(Givekind of even if retired)	B. KIND	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME		ew,	Morehana	14. NOTHER'S MA	DEN NAME	
	Sol	om	on			Todine	286	
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN (If yes, given)	U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	MARY	ilvon -	Address
	18. 15:	2.4			CAUSE	OF DEATH	w/w	INTERVAL BETWEEN
	DISEAS	E OR CO			Con	S. O. trans	a Colo	/ year)
	(This docs	not mean	the mode o	f dying, e. g	(A)	~~~~~~	9 6000	
				ns the diseas aused death				
		ANTECED	ENT CAUS	ES				
Z	DISEASES	OR CONE	OITIONS. II	ANY, GIVIN	(B)		•••••••••••••••••••••••••••••••••••••••	
Ĕ	RISE TO T		CAUSE (A)	STATING TH				
CA					(C)			
RTIFICATION	Line	100	11					
ш	TRIBUTING	TO THE D	EATH, BUT	TIONS CON	D hore			
U	19A. DATE C			CAUSING 1	FINDINGS OF OPE	RATION		   20. AUTOPSY?
AL			0					YES NO
IEDICA	21A. ACCID LYING OF CAUSE OF	R CONTRIB			ACE OF INJURY (e. g., farm, factory, street, office bldg.,			ty, give exact location)
Σ	21D. TIME	(Month) (I	Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	INJUNT			m.	WHILE AT NOT WHILE			
	22. I hercb	y certify	that I att	ended the	deceased from	ept 1 , 1949	, to Oct 14, 1	9 5, that I last saw the
	deceased at	live on_	4 14	, 19 <i>5</i> °.	and that death occu	rred at/2:30 m.,	from the causes and o	n the date stated above.
	23 SIGNAT	TURE	Lei	m	м. D.	18/8/8 Ces	terstown Rs	80 . 24 / 50
TIC		Specie /C	B. DATE	50	Markey CEMETE	Prace	24b. LOCATION 19 Ly, t	to Major county) (State)
D. L.	ATE RECEIVE	D . D	GISTRAR	S SIGNATU	a people of the later	ALK Lew	KLONE ZION	Carlaw R
+	VS 150		-	1	//			
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5-420	
50 8804 BALTIMORE CITY HE	EALTH DEPARTMENT 50 8804
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE (2)
(Type or Print) Calls	(John Joseph Scales Death ON 13 50
a. Baltimore City, Maryland	A. USOAL RESIDENCE (Where deceased lived, If institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NOTITUTION	C. CITY OR TOWN (Whatside corporate limits, write RURAL and give
Mercy Hospital	Halls - 9- 1 township)
ength of stay in Baltimore  Yrs. Mos. Days	D. STREET ADDRESS (If year, six obave the Ove
5. SEX / 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE Un Mars Under I Year If Under 24 House Min
male While WIDOWED DIVORCED (Specify)	IO-29-I889 last Firthbuy) Months: Days Hours: Min.
10A. USUAL OCCUPATION Give kipd of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPRACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Stephen Scales	Margaret Connelly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, so druokografi (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
No None   214-14-0048	Mrs.Jessie E.Scales1416 E.Lafayette Ave
1700	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ulmonary Colema Oct 11
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	Les Compander Maide A torale
DISEASES OR CONDITIONS, IF ANY, GIVING	4 10C7 000000 000000 / 0073
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	estenent Cardiovascular
(C)	duag
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	PATION NO 20. AUTOPSY7
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in Lying OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e	o or   21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
F INJURY WHILE AT NOT WHILE	
22. I hereby sertify that I attended the deceased from De	9 1950, to Och 13, 1950, that I last saw the
deceased alive on Oct 3, 19 50, and that death occur	rred at Z m., from the eauses and on the date stated above
23A. SIGNATURE 1. Rasik M.D. 2	36 30 Elkader Rd 230. PATE SIGNED 10/13/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL IO-17-50 Morelands Memo	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Gorge J.Ruth, Inc1735 Harford Avenue
0CT*1'5'1950	Trige of March nic . A JA
5 74.	24 0 0934



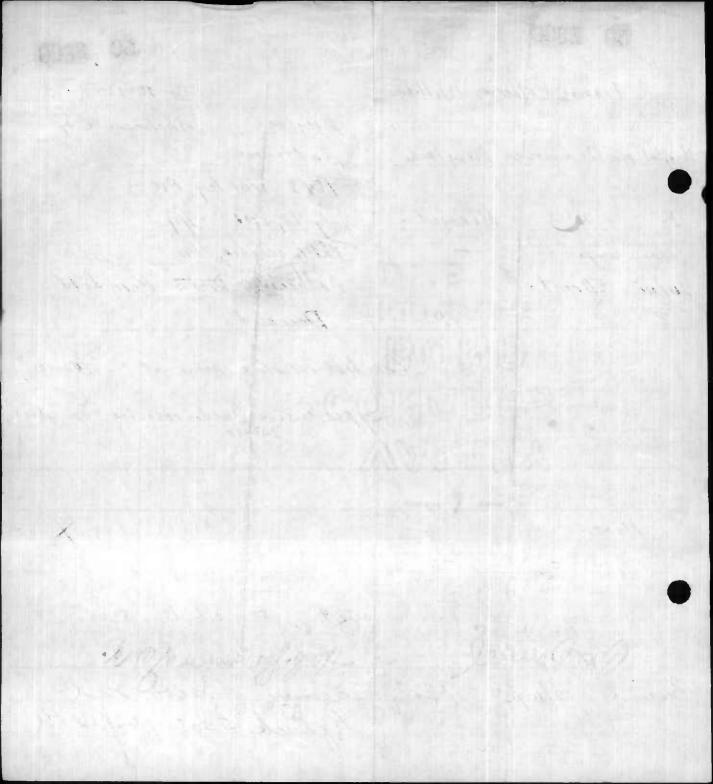
Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF GALLAGHER DEATH OCT -13, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION auc Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) 6. COLOR OR RACE 9. AGE (In years | H Under | Year | H Under 24 Hours | Months Days | Hours | Min. married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BYRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? CONFECTIONERLY DWNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ames 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH 20: DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Cheorie Inters (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) enge arm come to Guessen breeing 5mo RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout horos, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 19, to Oct. 13 22. I hereby certify that I attended the deceased from Och 19___, that I last saw the Oct 17 1950 deceased alive on___ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 2878 Harpordly 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) TION AREMOVAL (Specify) ar DATE RECEIVED BY 28 FUNE AL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 8 8808

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) atherine DEATH 10-13-50 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B, COUNTY before admission) Citt B. FULL NAME OF (If not in hospital or institution, give street address or BALTIMORE HOSPITAL OR location) (If outside corporate limits, write RURAL and give Hospital FOR The Woman as Yrs. (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MARRICA 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR (State or foreign country) 12. CITIZEN OF work done during most of working (fe, even if retired) INDUSTR WHAT COUNTRY? your wite. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Prost- Keinhold 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. ceased INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH exchip vasculate seconst (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CARdio PASCULAR ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, form, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 6.7. 1950 to Oct. 13 , 1950, that I last saw the deceased alive on all. 19 50, and that death occurred at 6 1/2 m., from the eauses and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE MAC. NAME OF CEMETER TOR REMATOR town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAD DIRECTOR LOCAL REGISTRAR VS 150



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

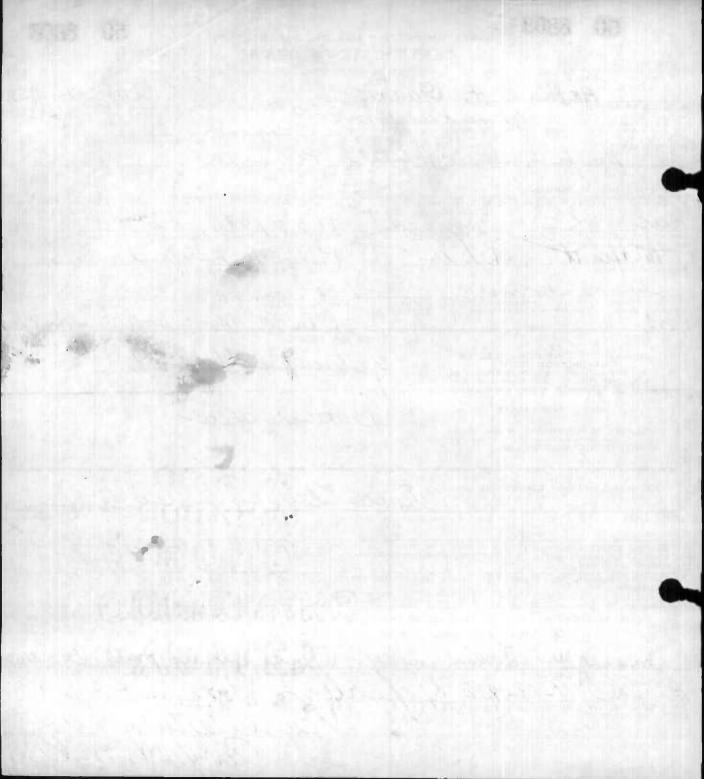
D.	KIII NO.		
1. (T	NAME OF DECEASED Harzel Re	ffitt 12. DATE OF DEATH	0/15/50
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	me . Lo	100
	OSPITAL OR location	C. CITY OR TOWN (If outside corporate limits	
	St age Workful	Baldenie mi	township)
	Yrs.	D. STREET ADDRESS (If rural, give location)	
	Mos.	D. STREET ADDRESS (II Talan, Sive location)	
97	Length of stay in Baltimore Days	19 Juffery St.	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARKIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/AGE (In years II)	Under 1 Year   H Under 24 Hours
	WIDOWED, DIVORCED (Specify)	7 - 5 1918 3 -2 Mot	itis: Days Hours: Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1010	12. CITIZEN OF
worl	k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country)	WHAT COUNTRY
	Thanke.	gentury.	2189.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	I he he he had been	7 0	01111
	x. M. Marco	Ceore.	56664
15 (Va	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SOCIAL 16. SECURITY NO.		DRESS
(10	No None	Mr. Charles E. Reffitt 114	Jeffry St.
	18. 340.3 CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	.0 1	
23	LEADING TO DEATH	w Kelming I open	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	and in a some in a con	uoc
	injury or complication which caused death.) DUE TO		
	O.A	2 10 1	
	ANTECEDENT CAUSES		
Z	(B)	ning wo of mone	427
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
A	UNDERLYING CONDITION LAST.	_	
Ö			
上	(c) . 6	iolog uj	
RTI	OTHER SIGNIFICANT CONDITIONS CON-		20
E	TRIBUTING TO THE DEATH, BUT NOT RELATED	M 0 -0 01 1	ove
U	TO THE DISEASE OR CONDITION CAUSING IT.	rance	
I	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
A	V		YES NO
O	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e. g., in	or   21c. WHERE DID (If in Baltimore City, g	ive exact location)
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?	
M M			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?	
ч	OF INJURY WHILE AT   NOT WHILE		
	m.   WORK L AT WORK L		
	22. I hereby certify that I attended the deceased from	1/29 , 1950, to 10/15 , 1950	that I last saw the
		red at 8,25/Am, from the causes and on th	
		3B. ADDRESS	23c. DATE SIGNED
	23A. SIGNATURE	SB. ADDRESS	23C. DATE STONED
	John C / rall M.D.	All (11me /10%)	10/13/40
2.	4A. BERIAL, CREMA- 24B. DATE 24C. AME OF CEMETE	RY OR CREMATORY   24d. LOCATION (City town,	or county) (State)
		Russell Ky.	
	emoval   Oct.15 1850   /		
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	29 UNER L DIRECTON	ADDRESS
7		William V Necknes	some
$\underline{V}$	CI 161950 1 1 Frator Philassis, M.	The Action	
	VS 150		
		//	1440

Stillbirth # 36664 - 10/15/50.

0-5 BIRTH NO.	50	88088

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

BI	RTH NO.			CERTII ICATI	L OF BEATH		
	NAME OF Dype or Print)	ARTHU	e H.	OWENS		2. DATE OF DEATH OFFICE	N 15,1950
A.		City, Maryland	Populan	d Theneral Tospi	4. USUAL RESIDENCE (V	Where deceased lived. If inst	itution : residence before admission)
H	FULL NAME OSPITAL OR STITUTION		ital or institut	on, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
	JIII OTION	Maryland	Gener	al Hospital	Parryville	3	township)
1	neth of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	00
	SEX	6. COLOR OR RAC		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Munder   last birthday)   Month	r I Yeer   H Under 24 Hours
10	rale 1	CCUPATION (Give kins	ma	rried	11. BIRTHPLACE (State or fo	82	
ork	done during most	of working the even if retire	PIT	INDUSTRY	Par in ole W	carefa d	WHAT COUNTRY?
13	. FATHER'S	NAME	71090		14. MOTHER'S MAIDEN N	AME /	~.3,
15	Umas DECEAS	ED EVER IN U. S. ARM	nd	Lie cocin	mary Ja	nr	
Yes	no or unknown)	(If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO.	Ella M. Hu	renolvita PE	rujult mal.
	18. 54	1.0		CAUSE	OF DEATH	1	ONSET AND DEATH
		SE OR CONDITION LEADING TO DE s not mean the mode	ATH	(a) gas	tercutestial	henouhare	
	heart fail	are, asthenia, etc. It m complication which	eans the disease	. //			
		ANTECEDENT CAL	JSES	A	usting all	, _	
2		S OR CONDITIONS,					
N N	UNDERL	YING CONDITION	AST.	(C)			
	071150	Ш		A. 1	1 A. F	1 110	•
CFR	TRIBUTIN	GIGNIFICANT CONI G TO THE DEATH, BU DISEASE OR CONDITION	NOT RELATE	0//////////////////////////////////////	olu Cardenascus	wrlande	lend
AL	19A. DATE	OF OPERATION O	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDIC		DENT WAS UNDER- R CONTRIBUTING[ DEATH	1 1 1 0	.CE OF INJURY (e. g., ii arm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
1	D. TIME INJURY	(Month) (Day) (Yea		TE. INJURY OCCURR		Y OCCUR?	
1			m.	WORK NOT WHILE		-61. 1	
	deceased a	live on Chilar	ttended the	deceased from	red at 4 20 m., from t	he causes and on the	hat I last saw the late stated above.
	23A. SIGNA		Trui		3B. ADDRESS	0 11 2	3C. DATE SIGNED
24	A. BURIAL,	ALA	d vinso	24C. NAME OF GEMETE	maryander	OCATION (City, town, or	
13	Ruria	0 7-18	-1950	Stafulle	les da	Hosport 1	na TTHO
	CAL REGIST	(RAR)	R'S SIGNATU	this he, it	25. FUNERAL DIRECTOR	affersony	SOM
	VS 150		Ø.		131. a Cer	refulle, 7	nd.

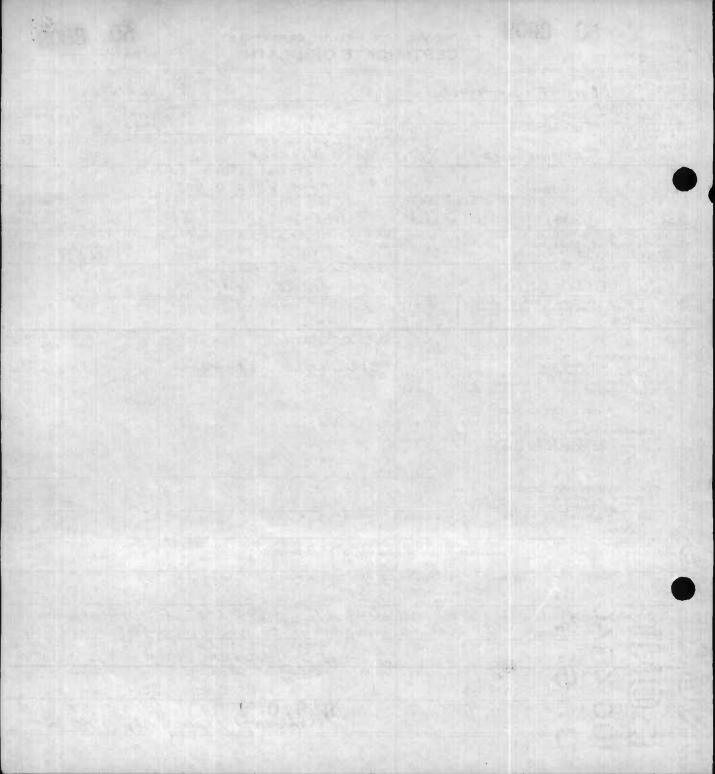


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### BALTIMORE CITY HEALTH DEPARTMENT

50	Onon
	8809
tered No	

E	BIRTH NO.	CERTIFICATI	E OF DEATH	registered i	.10
1	NAME OF DECEASED Type or Print)	LYNWOOD C.		2. DATE OF DEATH 10 - 1	J-50
	Baltimore City, Maryland		4. USUAL RESIDENCE (W)		
F	IOSPITAL OR	tal or institution, give street address or location)		NORFO	ts, write RURAL and give
	U.S. MARINE		NORFOLK	V -	township
	Length of stay in Baltimore	Yrs.  Mos. Days	3400 VERDUN	A	
107	SEX 6. COLOR OR RACE		May 13, 1849	9. AGE (In years last birthday) Mo	If Under 1 Year   H Under 24 Hours onths Days Hours Min.
1 wo	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	1 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.077
	5 (WAS DECEASED EVER IN U. S. ARME	wt	Faura Mer	rece	
(X	(If yes, give war or date	D FORCES? es of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
	18. 163X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	moma of f	uug	11 Moules
	injury or complication which				
RTIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	(B) IF ANY, GIVING ) STATING THE DUE TO			
IFIC		_(C)			
CERT	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
		198. MAJOR FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City,	
Σ	PFINJURY (Month) (Day) (Year	WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I at	tended the deceased from	7 1.7 , 19 50, to Oc	ct 15, 195	that I last saw the
	deceased alive on Det 14	_, 1950, and that death occur	red at 2.30 Am., from th		he date stated above
	23A. ENGRATURE DECENT	F). U.D.	38. ADDRESS Murice		10-1V-50
7 T	AA. BURIAL, CREMA. 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETER		CATION (City, town	, or county) (State)
		th 1950	280 UNERAL DIRECTOR	Dickney	ADDRESS
	. VS 150	5445	5		0471
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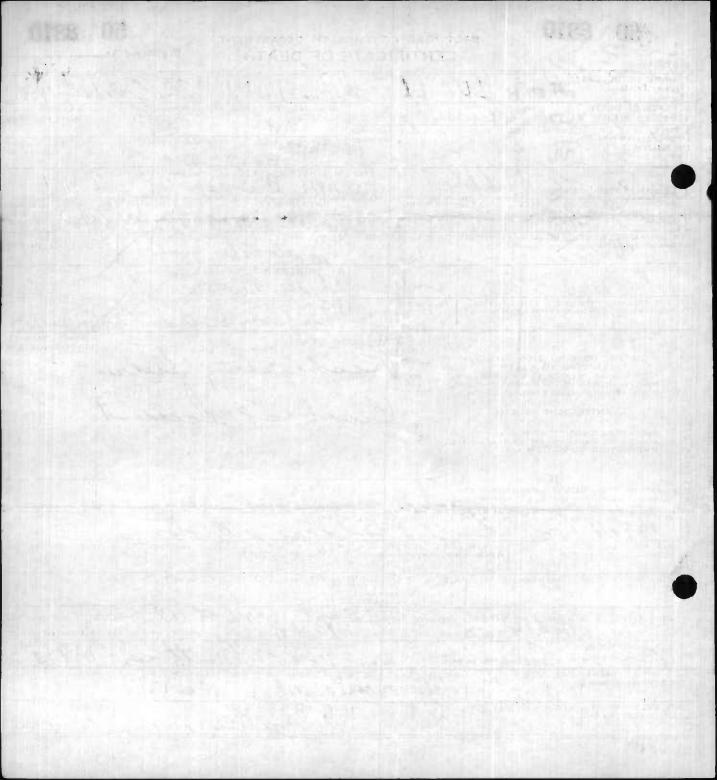
correct age is especially inportant. Physicians: prease write the causes of death and sing,

## BALTIMORE CITY HEALTH DEPARTMENT

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CERTIFICAT				ERTIFICA	TE OF DEATH	Registered	i No
1.	NAME OF Dype or Print)	ECEASED A 17	+ 1.50	ILEF	WINDECHEIN	2. DATE OF	d. 14 th 1020
	PLACE OF D Baltimore (	City, Maryland	octors	Hospital	A. STATE	E (Where deceased lived.	If institution: residence before admission)
HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hospit	al or institution,	give street address location		en la	mits, write RURAL and give township)
c.	Length of s	tay in Baltimore	Lifetime	Yrs Mos Day	11014 Nen Va	(If rural, give location)	27-17
4	snall	Milit	7. SINGLE, WIDOWED	PARRIED, DIVORCED (Speci	(y) have 30 1914	9. AGE (In years last birthday)	Months Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTE		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S I	Vagasia)			1/11/1	N NAME	
Yes (Yes	, was DECEASI, no or nuknown)	D EVER IN U. S. ARMEI (If you, give war or date	D FORCES? 16	S. SOCIAL SECURITY NO.	17. INFORMANT	Unadeslain	ADDRESS -
RTIFICATION	(This doer heart failt injury or DISEASE RISE TO TUNDERL'	BE OR CONDITION LEADING TO DEA not mean the mode ire, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	TH  of dying, e.g.,  ans the disease,  caused death.)  SES  F ANY, GIVING  STATING THE  AST.  ITIONS CON-	(A) DUE TO (B) DUE TO	esperalo	n fiel	ONSET AND DEATH
IL CE	TO THE D	TO THE DEATH, BUT		NDINGS OF OPI	ERATION	Action	20. AUTOPSY?
EDICAL	21A. AOCIDE HOMICIDE	ENT, SUICIDE. (Specify)		OF INJURY (e. g		(If in Baltimore City	y, give exact location)
N.	DF INJURY	(Month) (Day) (Year,  y certify that I at)  live on	m. while	ceased from	LE C	Oct. 14, 19	So that I last saw the
	23A SIGNA		rulein				23g. DATE SIGNED
24	A. BURIAL.	DENA- 248. DATE	JUD 7	WAME OF CEME	TENY OR CREMATORY 24	Ball he	wn, or county) (State)
D.L.	TE RECEIVE CAL REGIST	RAR	SSIGNATURE	Quilant.	Laved ondle	erio g tou 190	r Estar El
-	VS 150		اري				



### BALTIMORE CITY HEALTH DEPARTMENT

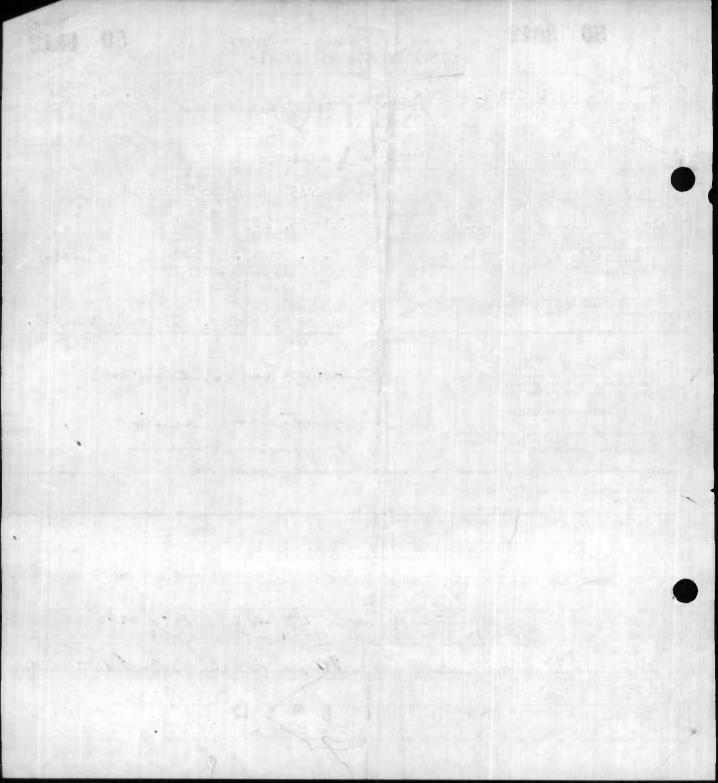
Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SIDNEY ROSENTHAL OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 4023 Baltimore B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Many Yrs. D. STREET ADDRESS (If rural, give location, Mos. Harrin 4023 Man ore Length of stay in Baltimore Days 7. SINGLE- MARRIED.
WIDOWED DIVORCED (Specify) 5. SEX 6. COLOR OR RACE OF BIRTH . AGE (In years If Under 1 Year last birthday) Months Days Hours: Min. mare 10A. USUAL OCCUPATION (Givekind of 1084KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF voridone during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Trairling Kolesman 14. MOTHER'S MAIDEN NAME uner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 42011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFIC (C) H OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT , 19 0, that I last saw the 22. I hereby certify that I aftended the deceased from. deccased alive on Och 14, 1950, and that death occurred at m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. STGNATURE 238. ADDRESS 10/12/50 nech 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) / TION REMOVAL (Specify DATE RECEIVED BY NINE AL DIRECTOS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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# 50 8812 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		CERTIFICAT	E OF DEATH	aregioteted .	
1. NAME OF D (Type or Print)		se M. Schnebelen		2. DATE. OF Oct.	14, 1950
3. PLACE OF D A. Baltimore ( B. FULL NAME	City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE A. STATE Maryland		
HOSPITAL OR		location) hington Boulevard		(If outside eorporate limi	ts, write RURAL and giv.
		Yrs. Mos.		(If rural, give location)	
5. SEX	tay in Baltimore	Days		ton Boulevard	
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH July 25, 1883		if Under 1 Year on the Days Hours Min.
work dooe during most o	CUPATION (Give kind of of working life, even if retired)		A. A. County,		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	arles Bolm		14. MOTHER'S MAIDEN Charlotte Nie		
15. WAS DECEASI (Yes, no or uokoowo)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Edward Schnebel		ington Blvd.
heart failu injury or  DISEASE:	not mean the mode of re, asthenia, etc. It mes eomplication which of ANTECEDENT CAUSES OR CONDITIONS, I HE ABOVE CAUSE (A) /ING CONDITION LA	reased death.) DUE TO  SES  FANY, GIVING STATING THE DUE TD	spertener .	- Cardio	9
H TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
19A. DATE C		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office hldg.,	io or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	
21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURR while at not while at work		JRY OCCUR?	
22. I hereb deceased at 23A. SIGNA	live on OM	ended the deceased from 2, 19 2, and that death occur	rred at 30 m., from	n the causes and on t	that I last saw the the date stated above
24A. BURIAL, OTION, REMOVAL (S	CREMA- 248. DATE 10/17/5	24c. NAME OF CEMETE Loudon Par	k	LOCATION (City, town	70 7 0-
DATE RECEIVE	RAR REGISTRAR	S SIGNATURE ()	25 FUNDAL DIRECTO	1217 St. Pau	ADDRESS  1 Street



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SIGNATURE

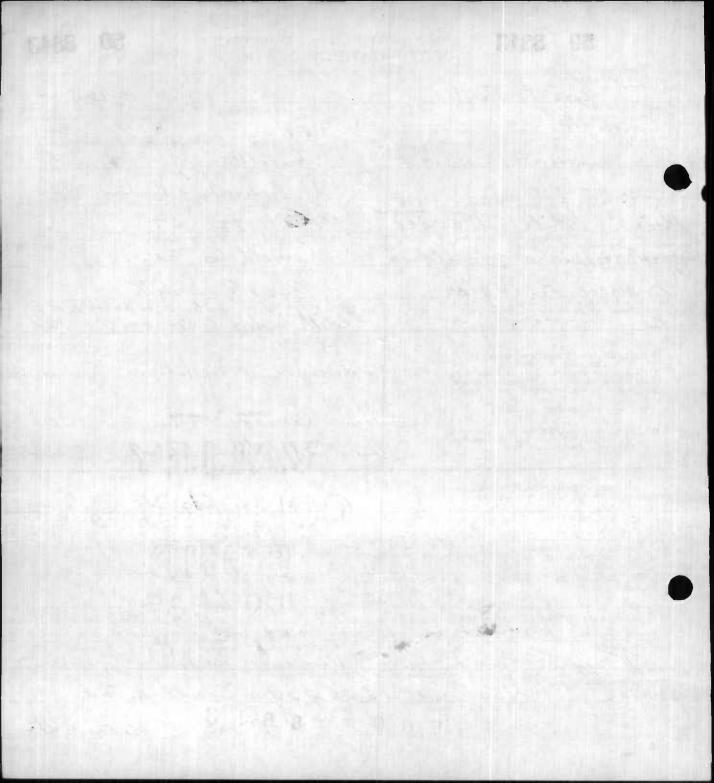
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# 50 8814 BALTIMORE CITY HEALTH DEPARTMENT

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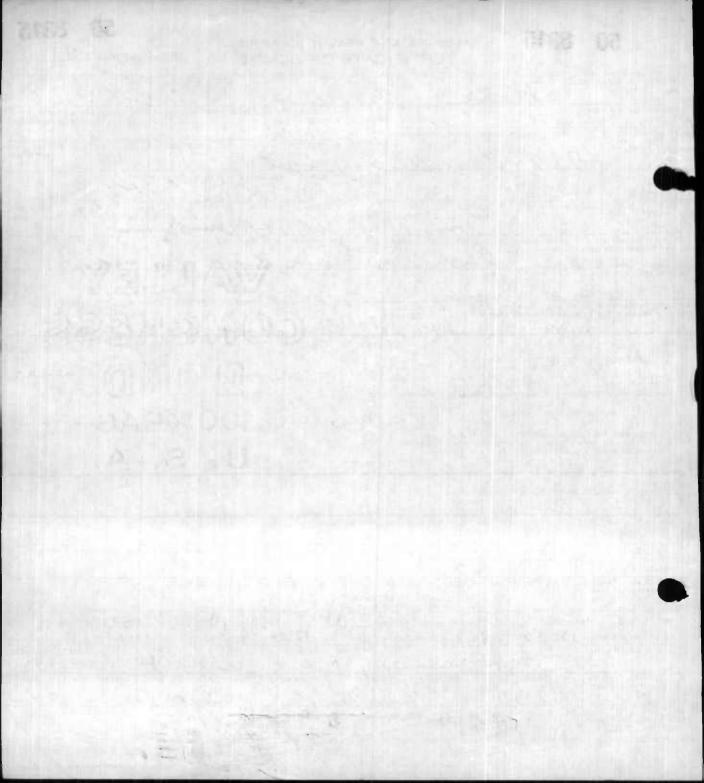
В	IRTH NO.			CERTIFIC	CAIL	OF DEATH		Registered	470	
	. NAME OF DECEAS Type or Print)	BED	ENJA	MIN	KI	LGOUR		OF OCTO	ber 14	, 1950
	. PLACE OF DEATH: Baltimore City,					. USUAL RESIDEN	NCE (Where	deceased lived, I		residence re admission)
H	FULL NAME OF OSPITAL OR	(If not in hospit	al or instituti	on, give street ad		CITY OR TOWN	Ud,	de corporate lim	its write RIII	RAT, and give
	NSTITUTION 20/	3 E.	FAME	The st			130	eto (	0-06	township)
		20 111			Yrs. D Mos.	STREET ADDRES	S (lf rural,	give location)	+	/
5	ength of stay in	LOR OR RACE		, MARRIED,	Days   8.	DATE OF BIRTH			If Under 1 Year	If Under 24 Hours
		thire	Ma	ED, DIVORCED	(Specify)	1/6/1893		57	onths Days	Hours Min.
10	DA. USUAL OCCUPA's done during most of working	TION (Give kind of glife, even if retired)	10B. KIND	OF BUSINESS	OR II	. BIRTHPLACE (Sta	ate or foreign	country)	12. CITIZE	N OF COUNTRY?
20	FATHER'S NAME	ashen	4 over	ot/KrJza	14	MOTHER'S MAIL	LO . DEN NAME	red.		
	( Use Kso	con) K	ilgou	M		(2	unkn	non		
	5. WAS DECEASED EVE ca, no or unknown) (If y	R IN U.S. ARMER		16. SOCIAL SECURITY	NO. THE	MAFORMANT Mil Kil	gour .	4 - 10 0	ADDRESS PALLETTS	st.
	18.463X	1		CA	USE OF	DEATH			INTERV	AL BETWEEN AND DEATH
	LEAD	CONDITION DING TO DEA	TH		Pu	lmonar	m es	u beli		
	(This does not n heart failure, ast injury or compl	nenia, etc. It mea	ins the disease	,		***************************************	0		-14	*************************
	ANTE	CEDENT CAUS	SES	1	7.	0 4 1 . +		+ 0		
ZO	DISEASES OR C			•	Moul	roplilebit	sogo	1. 6		*************************
ATIC	UNDERLYING									
FIC		- 11								
ERT	OTHER SIGNIF TRIBUTING TO THE DISEASE	HE DEATH, BUT	NOT RELATE	D						
LC	19A. DATE OF OPE			FINDINGS OF	OPERATI	ON			20. A	NO
EDICA	21A. EXTERNAL C. UNDERLYING [] CAUSE	OR CONTRIB-		CE OF INJURY rm,factory,street,off		2 Ic. WHERE DIE INJURY OCCUR?	O (If in I	Baltimore City,	give exact lo	ocation)
N	21D. TIME (Month)	(Day) (Year)	,		CURRED T WHILE	21F. HOW DID I	NJURY OC	CUR?		
h	22. I eertify tha	t I took char				ve, held an	spectio	+ Juga	thereon	and from
	the evidence and death in	obtained by my opinion	said Autor	psy, Inspectio com: natural	n or Inque	uiry, find that s f, accident [], si	aid deceas	etion or Inquiry ed died on the comicide [],	he day sta	ted above,
	23A. SIGNATURE	an /8.	Du	lache	<b>∠</b> м.р.	23B, CHIEF MED ASSISTANT MED MEDICAL INVES	DICAL EXAM	INER	CA I	S 1980.
TI	4A. BURIAL CREMA- ON REMOVAL (Specify)	1.48. DATE	,	4C. NAME OF C	11.	OR GREMATORY	24D. LOCAT	Kwill	or county)	(State)
D.	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'		RE I U		FUNERAL DIRECTION	TOR 40/21	7 St P	ADDRESS	- //
v	S 151			A	2 7	- 807(0)	/	1	/	1
9				690 -	5 4			10	0 1	7

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# 50 8815 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8815 Registered No. 3698

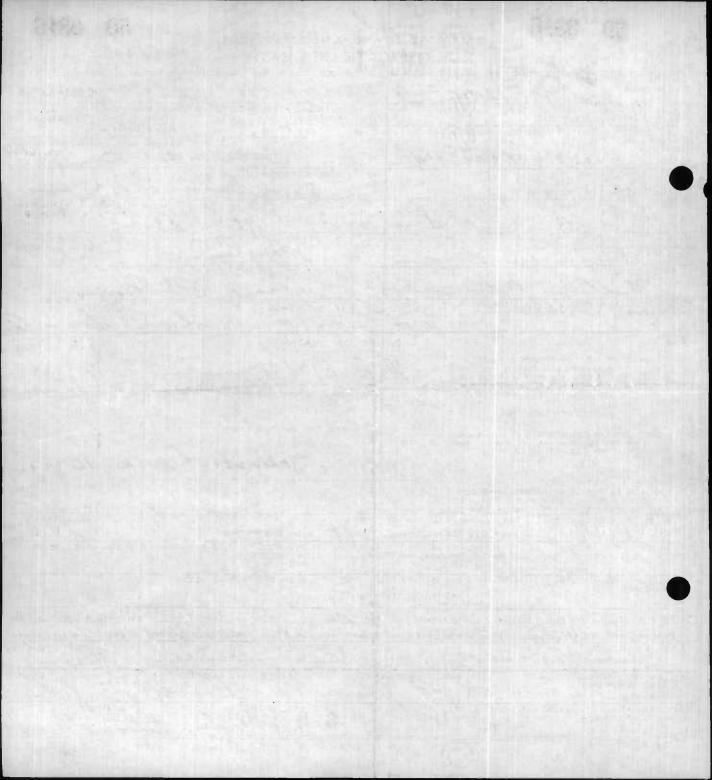
BIRTH NO.	TE OF DEATH Registered No.22	-
1. NAME OF DECEASED William (1)	Curry 2. DATE OF 13.1	1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY before	: residence ore admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give
INSTITUTION 632 M. Can allton me	- Balto 16-01	township)
C. Length of stay in Baltimore	630 14 6 001 1	2
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years If Under I Year	If Under 24 Hours
me	July, 10-1894 56	Hours Min.
10A, USUAL OCCUPATION (Give kind of ork dong during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)   12. CITIZ WHAT	EN OF
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Wac bury	Man E. Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
18. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16	OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET	AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	go carderis 00	year
ANTECEDENT CAUSES	0	
DISEASES OR CONDITIONS, IF ANY, GIVING	105clerons lug	lnon
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	MINISTER CONTAINS	
OTHER SIGNIFICANT CONDITIONS CON-		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 120.7	AUTOPSY?
	YES	NO D
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, etreet, office bldg.		location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF		
m. WORK AT WORK		
deceased alive on 10-13, 1950, and that death occur	urred at 12:50 Am., from the causes and on the date st	
		TE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OR CREMATORY 24D. LOCATION (City, town, or county)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FIGURAL DIRECTOR ADDRESS	md
OCT 1 6 1950	Samuel W. Sullian In	
VS 150 940 55	10 11 1. Philipston line.	093d



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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED SCHOTTA (Type or Print) 10-14-50 CARO LINE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Catonei HOODS NURSINGHOME D. STREET ADDRESS of rusal, give location Yrs. Mos. c. Length of stay in Baltimore Davs 9. AGE (In years) M Under I Year H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY rose 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) 18. 174X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Resterio Solaratie C. V. D. 10 yr 11 OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY UTErus War een one o YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5-16 1950 to 10-14 1950 that I last saw the deceased alive on 10-13 1950 and that death occurred at 2A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 10-15-50 Tarren 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25 LOCAL REGISTRAR



000 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE 1. EAR (Type or Print) 10-13-50 01110 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If of side corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION mare Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kied of KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most ni working life, even if retired)

13. FATHER NAME, INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, on or unknown) SECURITY NO. 100 oncula INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) . heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

> YES (If in Baltimore City, give exact location)

20. AUTOPSY

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.)

DUE TO

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

WORK 22. I hereby certify that I attended the deceased from 19/12

1950 to 10 /12 , 1950 that I last saw the Pm., from the causes and on the date stated above. 23B. ADDRESS

deceased alive on 10/13, 1950, and that death occurred at 234 BIGNATURE

24C. NAME OF CEMETERY DR CREMATORY

23c. DATE SIGNED

244 BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 10-17-50 Duris

athe

2/D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

21c. WHERE DID

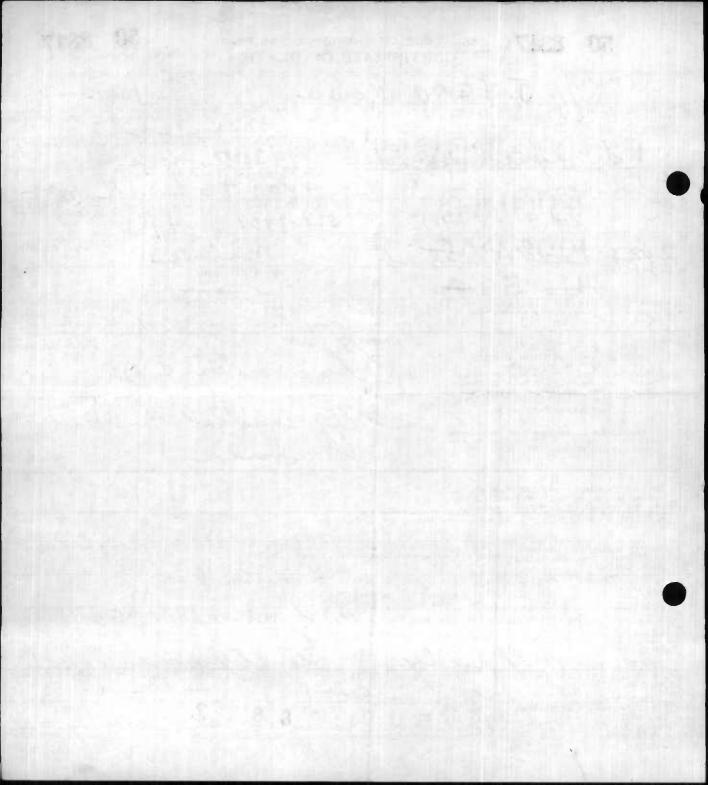
INJURY OCCUR?

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24c. NAME OF CEMETERY OR CREMATORY

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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LOCAL REGISTRAR

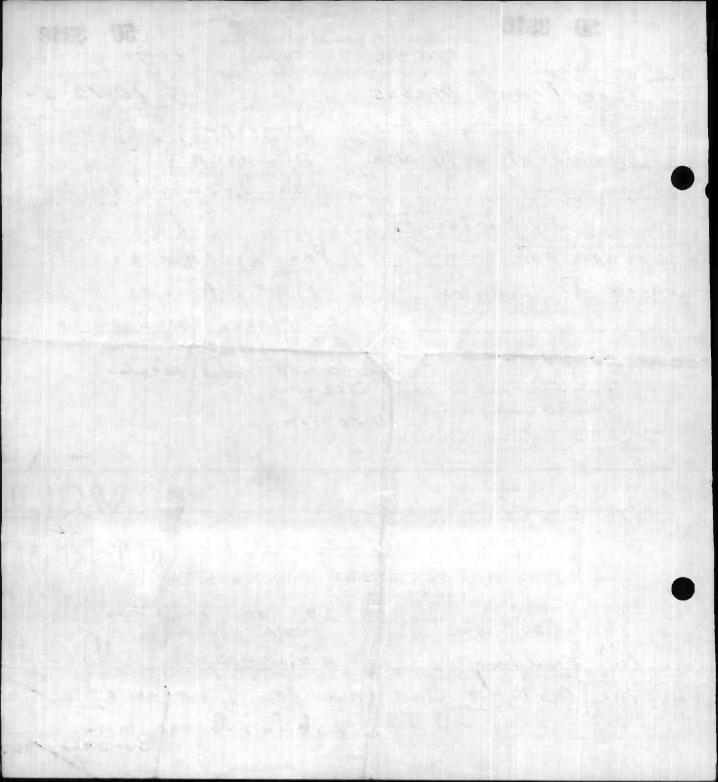
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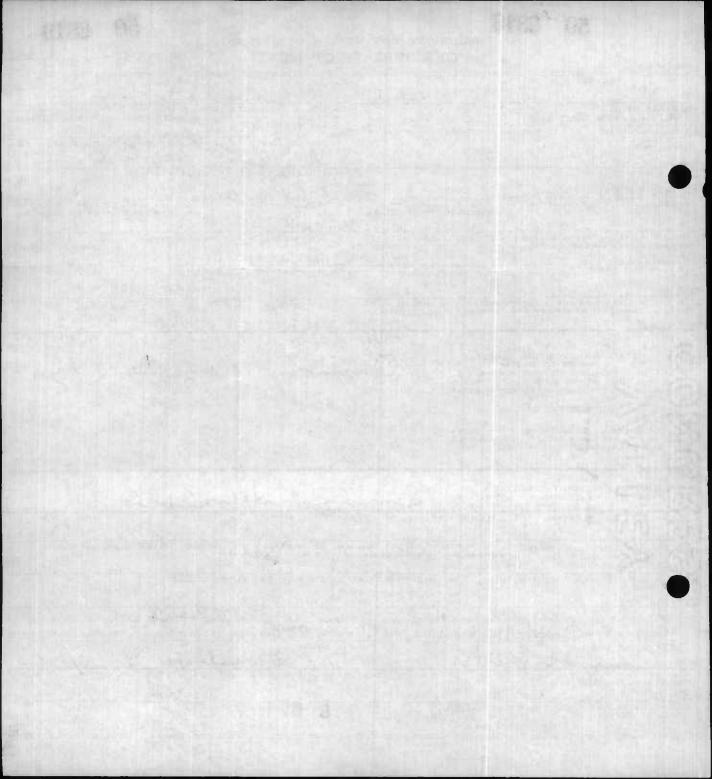


### BALTIMORE CITY HEALTH DEPARTMENT

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163, 1635	ALC: YO

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) CHARLES HENRY FRISBIF	2. DATE OF DEATH Oct. 13, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland 2236 Lake Ave.,  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission Maryland C. CITY OR TOWN (If outside corporate limits; write RURAL and give township)
c. Length of stay in Baltimore Lifetime Yra.  Mos. Days	B: ltimore D. STREET ADDRESS (If rural, give location)  2236 Take Ave.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Male   White   Widowed	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year 11 Under 24 Hours
10a. USUAL OCCUPATION (Give kied of work done during most of work log life, even if retired) Police-retired  13. FATHER'S NAME	Baltimore, Md.
Ldgar G. Frisbie	14. MOTHER'S MAIDEN NAME Lingenfelder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  (If yes, give war or dates of service)  NO.	17. INFORMANT  Edvar L Frisbie 2236 Lake Ave.  OF DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	brad andown a
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, office bidg., et al. about home, farm, factory, street, offi	m or 2IC. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?
deceased alive on 1950, and that death occur	rred at $3^{43}$ Am., from the causes and on the date stated above 23B. ADDRESS
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial Oct 16, 1950 Loudon Park  DATE RECEIVED BY REGISTRAR'S SIGNATURE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Baltimore  ADDRESS
LOCAL REGISTRAR	Ullrich Funeral Home 2008 Orleans St.

046 e

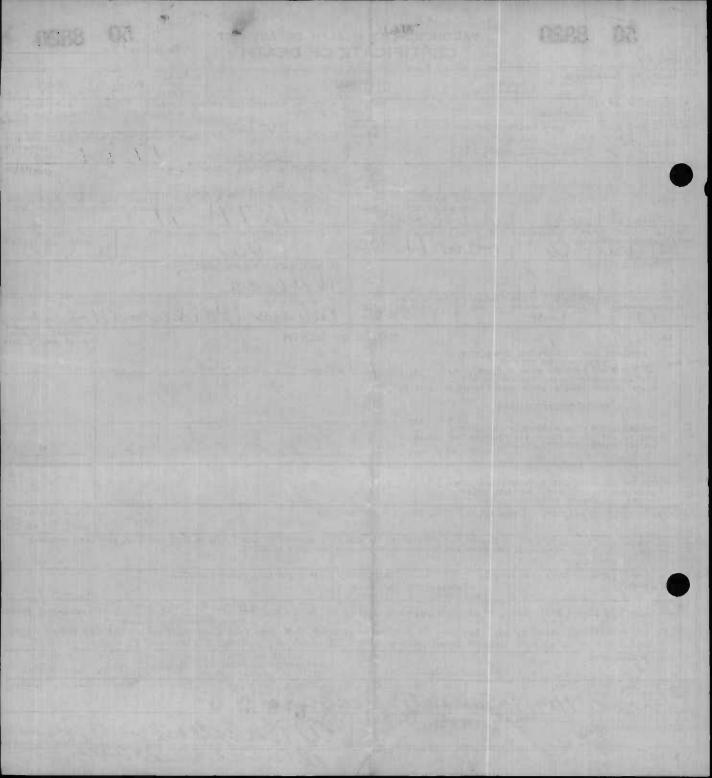


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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8820

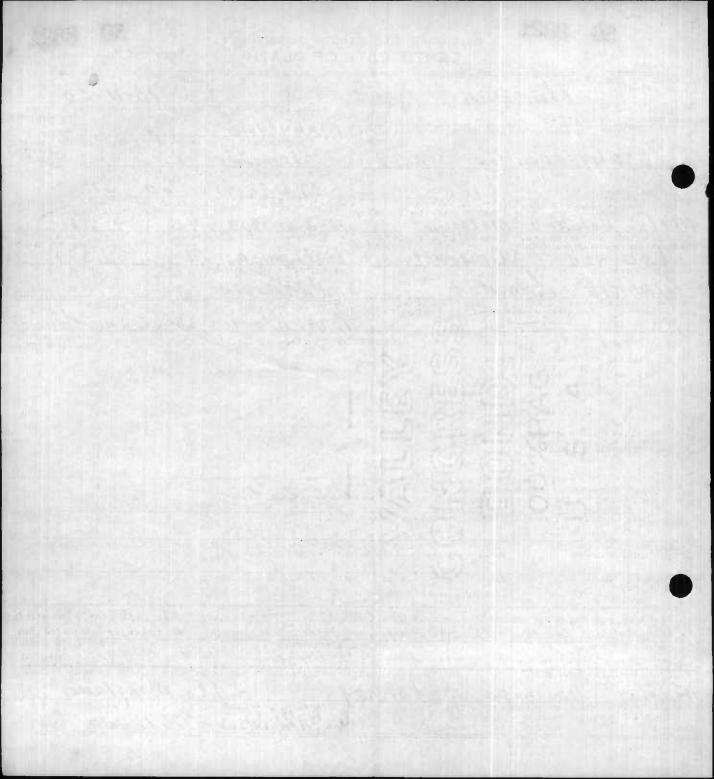
	NAME OF D Type or Print)	ECEASED	LITTI	Œ	LINDS	SAY		2. DATE OF DEAT	Oct.	14, 1	950
	Baltimore (		ind			A. STAT	AL RESIDENCE	(Where decease			residence ore admission
	FULL NAME	OF (If not	in hospital c	or instituti	on, give street address		Maryland		navata limita		YDAY I
IN	STITUTION	Provid	dent Ho	spita		C. CITT	Baltimor	(If outside cor	Porate limits,	Write RU.	township
					Yrs.	11	EET ADDRESS (		location)	-	
0	Length of s	tay in Baltin			Mos. Day	3	947 Ettir	g St.			
5.		6. COLOR DR			, MARRIED. ED, DIVORCED (Specif	" B. DATE	of BIRTH	9. AGE (	rthday) Mont	nder 1 Year ths Days	Hours Min.
10	A. USUAL OC	Colored CUPATION (G	ivekindof 10	OB, KIND	OF BUSINESS OR	11. BIRT	THPLACE (State of	r foreign count	(ry)   1	2. CITIZI	EN OF
WOL	don'during most o	of working life fiven	ifretired)	our	v story	ř	Va	/	12	MHAT	COUNTRY
13	B. FATHER'S N	IAME	7			14. MOT	HER'S MAIDEN	NAME ?			
15 (Ye	WAS DECEASE	DEVER IN U.	S. ARMED For ar dates of	ORCES?	16. SOCIAL SECURITY NO.	17. INF	ORMANT	Jarle	211-8	DRESS	Zalky
	18. 422	. 1			CAUSE	OF DE	ATH			INTERV	AL BETY LEN
	DISEASE OR CONDITION DIRECTLY										AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO										*************************
	ANTECEDENT CAUSES										
Z	DISEASES OR CONDITIONS, IF ANY, GIVING										
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)										
ICA											***************************************
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED										
CEF	TO THE DISEASE OR CONDITION CAUSING IT										UTOPSY?
7	IJA. DAIL O	, or Entarior	9							YES	No X
EDICA	UNDERLYIN	NAL CAUSE V G  OR COI CAUSE OF I	NTRIB-	21B. PLA bout home, fa	CE OF INJURY (e. g. trm, factory, etreet, office bldg		WHERE DID URY OCCUR?	(If in Baltin	nore City, giv	e exact l	ocation)
Σ	F INJURY	(Month) (Day)	) (Year) (H		THE INJURY OCCUR		ULNI DID WOH	RY OCCUR?			
				m. n	WORK AT WORK		Tner	e Ina			
	22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from Autopsy, Inspection or Inquiry										
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abo and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .									ned [].	
	23A. SIGNAT	uley	16. a	Du		M.D. MED	CHIEF MEDICA ISTANT MEDICA DICAL INVESTIG	ATOR	Oct	t. 14,	1950
TU	REMOVAL (S		-17-	50 3	MG. DAME OF CEMET	ery or CR	EMATORY 24D.	COCATION	City, town, or	r county)	(State)
	ATE RECEIVED		STRAR'S	SIGNATU	RE U	25. FUA	PRAL DIRECTO	stea	d - '	918	24/
X7	\$ 151	2991				1	12000	1110	10,12	ie.	



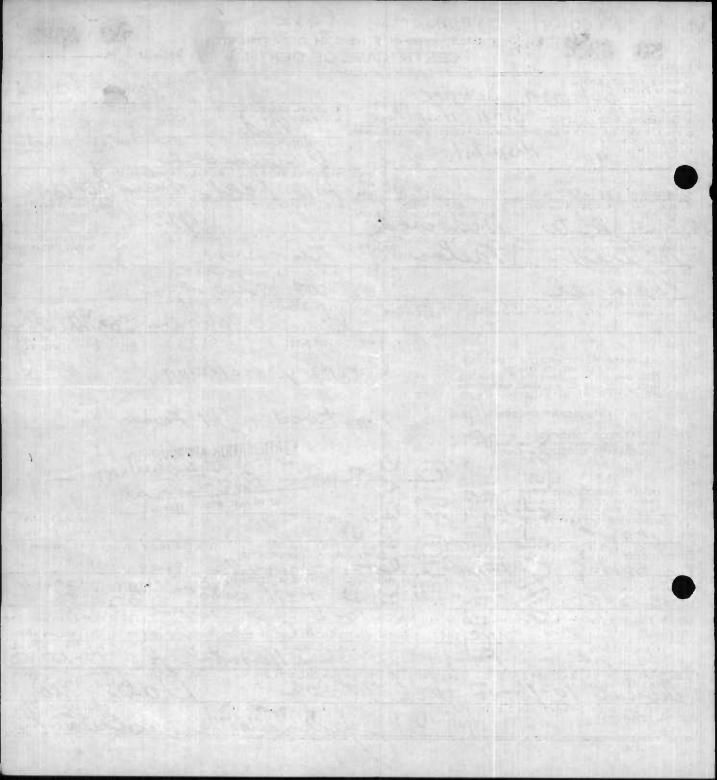
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.									
	NAME OF DEC 'ype or Print)		BERT	KNOW	IES	2. DATE OF DEATH /0-//	-50			
3. A.	PLACE OF DEA Baltimore City	TH:			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
	FULL NAME OF	(If not in hospit	al or institution, give	e street address or location)						
1050 GREENWILLOW STREET					BALTIMOR	= 1. 17	township)			
			,	Yrs. Mos.	D. STREET ADDRESS (1	f rural, give location)				
-	Length of stay		LIFE	Days	630 GREENWILLOW ST.					
5.	SEX 6.	COLOR OR RACE	7. SINGLE, MAR WIDOWED, DI	VORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I Under Veet Hours: North Days Hours:					
		PATION (Give kind of	108. KIND OF B	USINESS OR	11. BIRTHPLACE (State or	foreign country)   12	2. CITIZEN OF			
wor	ABOI	orking life, even if retired)	GENERA	INDUSTRY	BALTIMORE	mp. 1	S.A.			
13	FATHER'S NA	ME //	92000		14. MOTHER'S MAIDEN	VAME	1/			
	MACKI	ENN	WES		UNKNOWA	/	V			
	e, no or unknown)	EVER IN U. S. ARMEI (If yes, give war or date		ECURITY NO.	17. INFORMANT		DRESS			
_	NO			01110		5-6304REEN	INTERVAL BETWEEN			
	18. 4917	OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH			
	(This does no	>								
	heart failure,	asthenia, etc. It mes	ns the disease,	UE TO						
	IA A	NTECEDENT CAUS	SES				1			
NO	DISEASES	• • • • • • • • • • • • • • • • • • • •								
ERTIFICATION	RISE TO THE									
FIC				(C)						
RTI	OTHER SIG	II SNIFICANT COND	TIONS CON-		0 -1.1.		>			
CEI	TRIBUTING T	TO THE DEATH, BUT	NOT RELATED		kuntulio		,			
	19A. DATE OF	OPERATION 0 1	98. MAJOR FIND	INGS OF OPER	RATION		20. AUTOPSY?			
EDICAL	21A. ACCIDEN	YES ND Control								
ED	2 21A. ACCIDENT, SUICIDE. 1 HOMICIDE (Specify) 2 21A. ACCIDENT, SUICIDE. 2 21B. PLACE OF INJURY (e. s., in or shout home, farm, factory, street, office bldg., etc.) 1 INJURY OCCUR?  (If in Baltimore City, give exact location) 1 INJURY OCCUR?									
M	ID. TIME (Me	onth) (Day) (Year)	(Hour)   21E. IN	JURY OCCURR	RED 21F. HOW DID INJUI	RY OCCUR?				
h	FINSORT		m. WHILE AT	NOT WHILE						
	22. I hereby	certify that I att	tended the decea	sed from 10	- 5- 1950 to					
		e on 10 - 11	, 1956, and th		rred atm., from	the eauses and on the	date stated above.			
	234 SIGNATU	lond W.	house	Lam. D.		A A	10-13.50			
2	4A. BURIAL, CRI	EMA- 248. DATE	24c. N		ERY OR CREMATORY 24D.	LOCATION (City, town, or				
Z	SURIAL	10-16-	50 MT.	- (AIVAR		A. Co. MARY!	ANO.			
	ATE RECEIVED	BY REGISTRAR	SSIDNATURE	0 00	25. FUNERAL DIRECTOR					
9	CT 1 61950	w/w	for Imuac	UK, NI	Wm. H. SHUKSON	4-916 PENN	10, 1106.			
	VS 150			9709	9		07.0			
				to the		/	7.0			



6	06	50	Medical	Exa	miner's	(	ase		No.	manh '		
		50	20,33				DEPARTMENT	Registere	d No.			
		BIRTH NO.										
		ype or Print)	2010 MO11	Sch				OF DEATH /O	-/5-	50		
	A.	PLACE OF Baltimore	City, Maryland		Hospita/	A. STA	TE MAL RESIDENCE (	B. COUNTY	If institu	before admission)		
	HC	SPITAL OR STITUTION		lospita,	a loop	4.9 \	alten	If outside corporate I	mits, writ	e RURAL and give township)		
	-		stay in Baltimore		16	108. 46 Days 46	13 / ar	f rural, give leation)	1/a	to live		
	71	rule	White	Wed	MARRIED, ED, DIVORCED (1)	pecify)	TE OF BIRTH	14	Months	Days Hours Min.		
ľ	rork	domoduring	CCUPATION (Give kind	Tae	OF BUSINESS O		THPLACE (State or	foreign country)		THE COUNTRY?		
	13.	FATHER'S	NAME			14. MC	14. MOTHER'S MAIDEN NAME					
	15.	WAS DECEA	SED EVER IN U. S. ARM	MED FORCES?	16. SOCIAL	17.JN	17. NFORMANT ADDRESS					
	(Y 06	, no or nuknow:	n) (If yes, give war or d	ates of service)	SECURITY N	Mar	nuel fo	herr - 2	863/	With bely		
		, ,	02.71		CAU	SE OF DE	EATH			NTERVAL BETWEEN		
		(This do	ASE OR CONDITIO LEADING TO Di es not mean the mod	EATH e of dying, e.g	(A)	orong	ry occi	lusion		U		
		heart fai	lure, asthenia, etc. It nor complication which	neans the diseas	e,							
	_		ANTECEDENT CA	USES	F	ractu	red rigi	ht Famul	_			
	NOLLA	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE ( LYING CONDITION	A) STATING TH	IG	***************************************	0	N APPROVED B	Y			
	RTIFIC		п		(C)	Pa: BE LOBINSKI						
9	CER	TRIBUTH	SIGNIFICANT CON NG TO THE DEATH, BI DISEASE DR CONDITI	UT NOT RELATE	.D		CHIEF OR ASST.	MEDICAL EXAMINER	б.			
	_	19A. DATE	OF OPERATION		FINDINGS OF	PERATION		- NAMINE K		20. AUTOPSY?		
3 1	DICA	/VON 21A. ACCIE HOMICIDE	DENT. SUICIDE.	21B. PLA	CE OF INJURY (		c. WHERE DID JURY OCCUR?	(If in Baltimore Cit		xact location)		
	ME	Acc	cident	Levin	dale Hon	72	Levindale	2 Home		27-17		
		F INJURY	(Month) (Day) (Ye	2	THE AT NOT Y	VHILE	Fell do	From Cha	ir.	while		
	1		by certify that I c	attended the		10-2	19 50 to			t I last saw the		
4		deceased	alive on 10-15	, 1956.	and that death o	occurred at	6.30 Pm., from	the causes and or	the da	te stated above.		
		234 SIGN	afor for	i Fei	gold M.	238. ADI	in Hospi	tal o		0-15-10		
0	2.4 TIO	A. BURIAL,	(Specify)	6-5	24C/NAME OF CEN	TETERY OR C	REM TORY 24D.	LOCATION City, to	wn, or cut	inty) (State)		
		TE RECEIV		R'S SIGNATU	是. 0. 0	75. FL	NERAD DIRECTOR	Je 2100	Bu Bu	tow Re		
		VS 150	110	0 -		1-	1 =		18	60		
11			N821.0			5900	5 E		10	0 00		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CVI (If outside corporate limits, write RURAL and give OR TOWN INSTITUTION (If ural, give location) Yrs. D. STREET ADDRESS 60 c. Length of stay in Baltimore 6. COLOR OR RACE AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Decify 10A. USUAL OCCUPATION (Give kind of work producing most of working Hockward if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF PATHER'S NAME 14 MOTHER'S MAIDEN NAME (Yes, no of unknown) (If yes, give war or dates of service) 16, SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 1.1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL 218. PLACE OF INJURY (e. g., in or ) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK - 14, 1950 that I last saw the 22. I hereby eertify that I attended the deceased from deceased alive on 19-12-, 1950. and that death occurred at 020 m Im., from the causes and on the date stated above. 23A. SIGNATUE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE 24C, NAME OF CEMETERY OR CREMATORY (State) Juria UNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, LOGAL REGISTRAR

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Justinos 1 28 MATHER TEER CON LOUIS SELECTION OF THE 

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF KINSON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS. (If rural, give location) Mos. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | 1 Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 5. SEX 6 COLOR OF RACE 8. DATE OF BIRTH widowed 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY dienterrant, 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME casmit allemen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) | (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X 21c. WHERE DID 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT AT WORK WORK 22. I certify that I took charge of the remains described above, held an repection Infully thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23C. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR.

AC. NAME OF CEMETERY OR CREMATORY

25 JFUNERAL DIRECTOR

wood

DATE RECEIVED BY LOCAL REGISTRAR

VS 151

24A. BURIAL, CREMA-

TION, REMOVAL (Specify

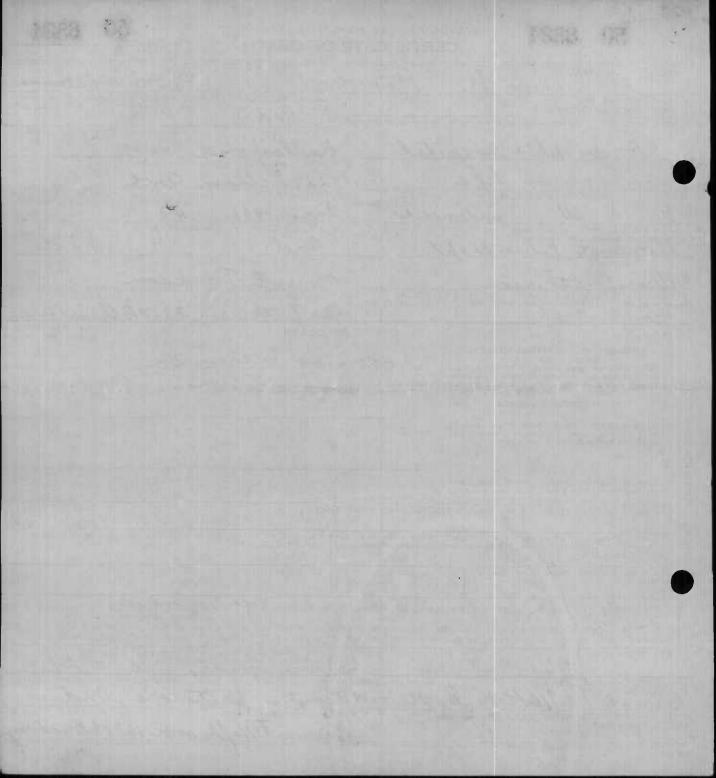
24B. DATE

REGISTRAR'S SIGNATURE

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ence F. Haffmann 1639 h Broads

24D. LOCATION (City, town, or equnty)

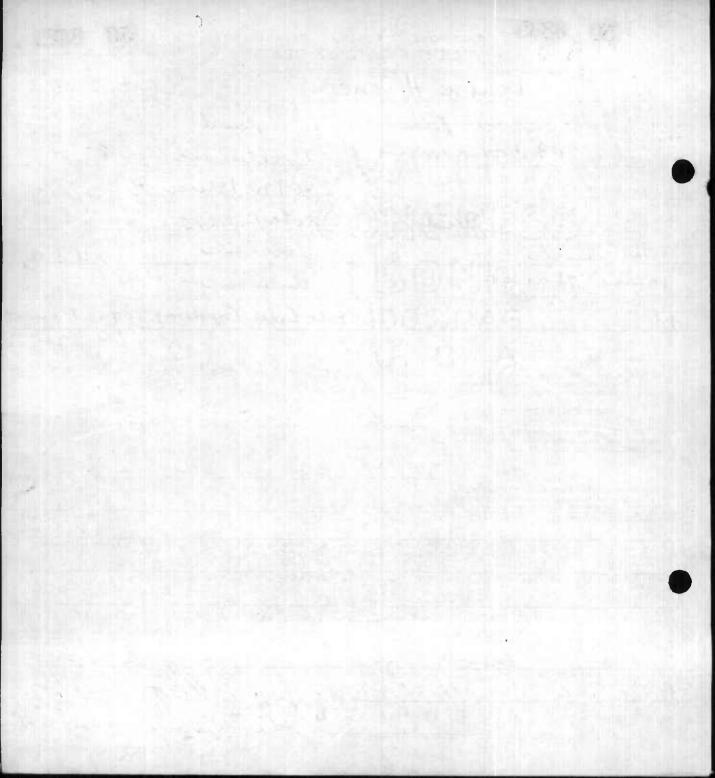


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No.

093d

ВІ	RTH NO.			CERT	IFICATI	E OF DEATH	Registered	No.
1. (T	NAME OF DECE ype or Print)	ASED	Louis	se f	1. Jon	es.	2. DATE OF DEATH ()CA	t.12,1950.
A.	PLACE OF DEAT Baltimore City	, Maryland	ital or institution			4. USUAL RESIDENCE A. STATE	(Where deceased lived, )	If institution : residence before admission)
HC	FULL NAME OF OSPITAL OR STITUTION		n. Bi		location)	c. CITY OR TOWN  Balter	(If outside corporate lim	its, write RURAL and give township)
c.	Length of stay	in Baltimore			Yrs. Mos. Days	0.00.	(If rural, give location)  Buce St	
5	Emale 6.0	COLOR OR RACE	7. SINGLE	MARRIE ED, DIVOR	D. RCED (Specify)	October 12,1	9. AGE (in year: last birthday)	If Under 1 Year M Under 24 Hours fonths: Days Hours Min.
	A. USUAL OCCUF.	king life, even if petire		OF BUSI	NESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	James	- //	iis-			14. MOTHER'S MAIDEN		
15 Yes	was beceased e	VER IN U, S. ARM If yes, give war or da	ED FORCES? tes of service)	16. SOC	JRITY NO.	mrs. Lillie Y.	Brydang, 80	9 n. Bruced
RTIFICATION	(This does not heart failure, sinjury or con AN'  DISEASES OF RISE TO THE UNDERLYING	OR CONDITION CADING TO DE t mean the mode sathenia, etc. It m nplication which TECEDENT CAL R CONDITIONS ABOVE CAUSE (/ G CONDITION)	ATH of dying, e. g cans the disease caused death  JSES  IF ANY, GIVIN A) STATING TH  LAST.  DITIONS CON	e, DUE	toper	s Cozeitie &	vent foilm	ONSET AND DEATH
L CE		THE DEATH, BURSE OR CONDITION		т	S OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT HOMICIDE (S	Specify)			JURY (e. g., i treet,office bldg.,		(If in Baltimore City	
	ID. TIME (Mor	nth) (Day) (Yea		21E. INJU WHILE AT WORK	RY OCCURR NOT WHILE AT WORK		URY OCCUR?	
		on Oct.	ttended the	dcceased and that	death occur	rred atle of m., from	m the causes and on	the date stated above
	23A. SIGNATUR	( Kind	hon		м. р.	238. ADDRESS	DATION CON, tow	23c. DATE SIGNED
8	AA. BURIAL. CRE	10-16	-19501	1//	Gul	us Com	Ballo.	Ma.
	ATÉ RECEIVED B		R'S SIGNATU	7 0	0	me Later	Williams	Schreder St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) BLANCHE MORTON DEATH October 13 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore o. STREET ADDRESS Yrs. Mos. ength of stay in Baltimore Days Street 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year U Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. female colored 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME P330 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. UNTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hypertensive and arteriosclerotic heart failure, asthenia, etc. It means the disease, cardiovascular disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION NO X YES 2 Ic. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH. ∑ 21D. TIME (Month) (Dsy) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident , suicide , homicide , undetermined . 23A. SLONATURE 23B. CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Oct MEDICAL INVESTIGATOR

151

REGISTRAR'S SIGNATURE

248. DATE

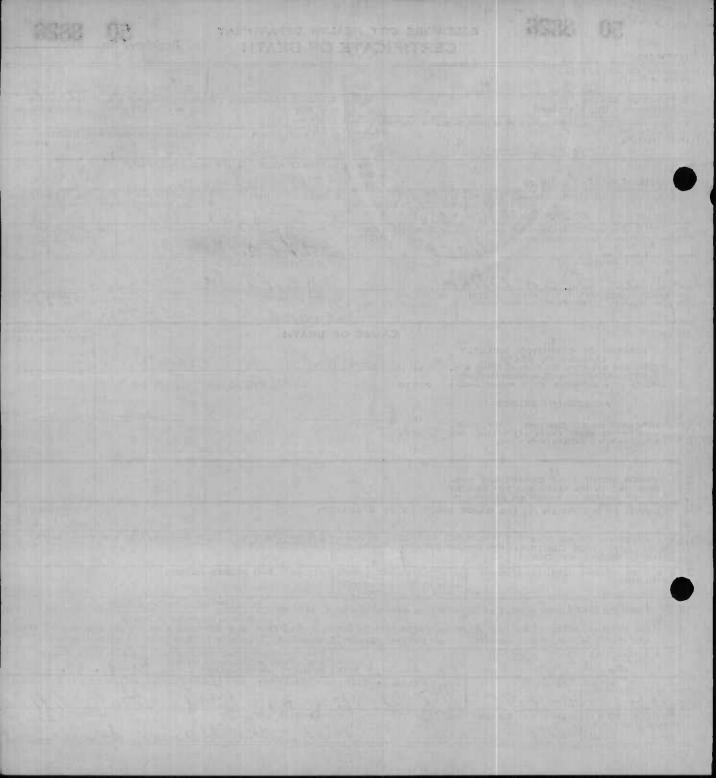
BURIAL, CREMA-

DON, REMOVAL (Specify) DATE RECEIVED BY

LOCAL REGISTRAR

24c. NAME OF CEMETERY OR CREMATORY

24D



24c. NAME OF CEMETERY OR CREMATORY

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DATE RECEIVED BY

LOCAL REGISTRAR

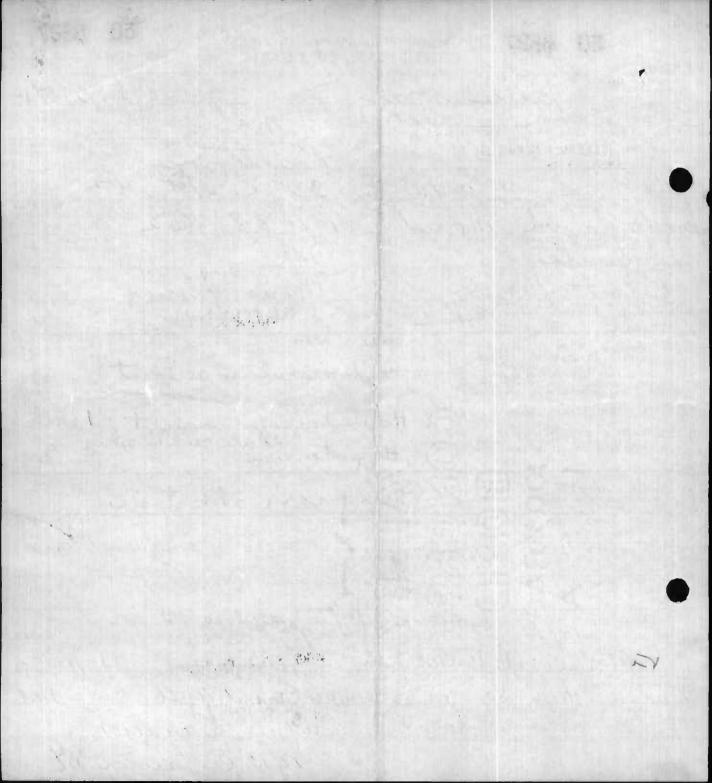
24B. DATE

16

REGISTRAR'S SIGNATURE

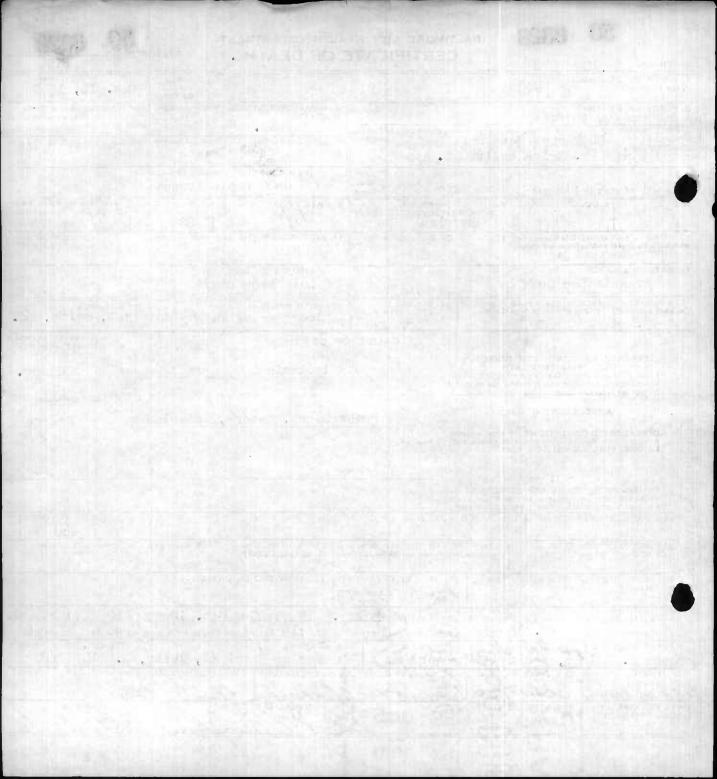
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ADDRESS



### BALTIMORE CITY HEALTH DEPARTMENT

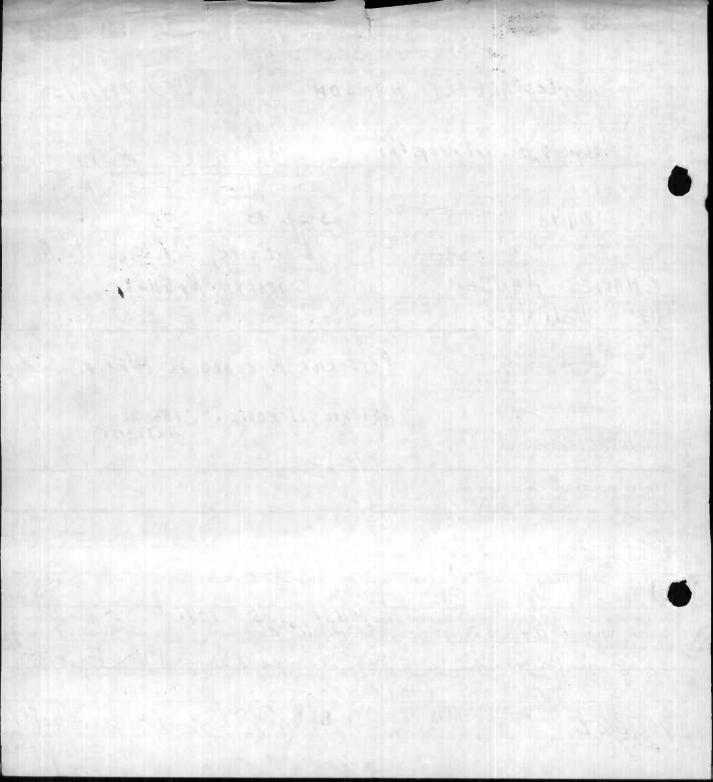
3. FATHER'S NAME Francis Lee Goff  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yee, give wer or dates of errice)  16. SOCIAL SECURITY NO. TO INFORMANT Records—US Marine Hospital, Balto, Md.  18. 2043  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compileation which caused death.)  ANTECEDENT CAUSES  US ATTECEDENT CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  190. DATE OF OPERATION 191. MACRO FINDINGS OF OPERATION 20. AUTOPSY?  YES NO 21. ACCIDENT, SUICIDE 191. ACCIDENT, SUICIDE 218. PLACE OF INJURY (e.g., in or 210. WHERE DID INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED 219. HOW DID INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED 219. HOW DID INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED 219. HOW DID INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED 219. HOW WHILE AT NOW	В	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	WAS TRUESS
Baltimore City, Maryland  FULL NAME OF CITY on the healts or institution, give street address or hospital or institution, give street address or Chovy Chass				RICE			of Oct.	15, 1950
SCATE OF TOWN (If outside expersise limits, write RURAL and give township)   STATING THE CONTROL   STATE ADDRESS (If rural, give lection)   STATE ADDRESS (If						A. STATE		
Cherry Mase   Comparison   Co	H	DSPITAL OR	OF (If not in hospit US Marine He	al or institut			man Tag	The second secon
ength of stay in Baltimore  58 days  Nos. Days  6.00Lor or RACE  7. SINGLE MARRIED  1. VIOVED DIVORCED (Specify)  1. 1/7/92  8. DATE OF BIRTH  1. DATE of the birthday)  1. DATE of SIRTH  1. BIRTHPLACE (State or foreign country)  1. BIRTHPLA	IN	SILLION		The same of the sa	St.			
SER   6.COLOR OR RACE   7. SINGLE MARRIED   WIDOWED DIVORCED (Speedy)   1/7/92   9. ACE IT were bears Bours Min.   1500 New Mi		V		E0 3	Mos			200
IOA. USUAL OCCUPATION (Givelied of Married Severy) Married Severy (Severy) Married Severy) Married Married Severy) Married Married Severy (Severy) Married Mar	3.			7. SINGLI	E, MARRIED.	-	9. AGE (In years) If Un	nder 1 Year   II Under 24 Hours
TO THE SIGNIFICANT CONDITION LAST.  OHIO SOWIE CONDITION LAST.  OHIO SECURITY NO. TRIBUTING TO DEATH  OHIO SOWIE CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION LAST.  OHIO SECURITY NO. TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS. IF ANY, GIVING RIBE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OHIO THE DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST.  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (C)  OTHER DISEASE OR CONDITION LAST.  (D)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION LAST.  (C)  OTHER SIGNIFICANT CONDITION LAST.  (D)  OTHER SIGNIFICANT CONDITION LAST.  (D)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION LAST.  (D)  OTHER SIGNIFICANT CONDITION LAST.		F	W			1/7/92		hs Days Hours Min.
Francis Lee Goff    Security No.   S	1 C	done during most o	of working life, even If retired)	IOB. KIND			oreign country)	2. CITIZEN OF USAAT COUNTRY?
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, astenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ANTECEDENT CAUSES  (B)  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (c.g., in or THISUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21C. MHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify)  about home, farm, factory, street, office bidg., etc.)  19A. DATE OF OPERATION 21E. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AND	13							
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LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED TO THE DEATH, BUT NOT RELATED HOMICIDE (Specify)  194. DATE OF OPERATION  21a. ACCIDENT. SUICIDE.  195. DATE OF OPERATION  21b. PLACE OF INJURY (e.g., in or obout home, farm, factory, street, office bidg., etc.)  21b. Time (Month) (Day) (Year) (Hour)  21c. Injury OCCUR?  21d. Time (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased from Aug. 18, 1950, to Oct. 15, 1950 that I last saw the deceased alive on Oct. 15 1950, and that death occurred at 4:15 Rm., from the causes and on the date stated above.  23a. SIGNATURE  John Le Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 10/16/50  24a. BURIAL CREWAL 24b. DATE  DATE RECEIVED BY REGISTRAR'S SIGNATURE  ADDRESS  ACDRESS  ACDRESS  ACDRESS  ADDRESS		18. 2.04	F. 3		CAUSE	OF DEATH		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 21F. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 22B. ADDRESS JOHN Lo. Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 10/16/50  24A. BURIAL, CREWN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION, City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION, City, town, or county) (State) DATE RECEIVED BY REGISTERS SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION, City, town, or county) (State) DATE RECEIVED BY			LEADING TO DEA	TH	Acut	a leukemia		6 mas
ANTECEDENT CAUSES    Hemorrhage		heart failt	ire, asthenia, etc. It mes	ns the diseas	ge, (A)		***************************************	0 111000
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE, about home, farm, factory, streed, office bldg., etc.)  19A. DATE (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR?  21A. ACCIDENT, SUICIDE, about home, farm, factory, streed, office bldg., etc.)  21A. ACCIDENT, SUICIDE, where the control of the contr			ANTECEDENT CAUS	SES	Hem	on who may are were	into lung	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from AUG. 18, 1950, to Oct. 15, 1950 that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 4:15 Pm., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  JOHN L. WILSON, Medica 1 Director  M.D. US Marine Hospital, Balto, Md. 10/16/50  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE  ADDRESS	CATION	RISE TO T	THE ABOVE CAUSE (A)	STATING T	NG (B)	ninago , sovoro,	Inco lungs	Recent
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location)  1NJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from Aug. 18, 1950, to Oct. 15, 1950 that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 4:15 Pm., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  JOHN L. Wilson, Medica 1 Director  M.D. US Marine Hospital, Balto, Md. 10/16/50  24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE  ADDRESS	IFIC				(C)			
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22. I hereby certify that I attended the deceased from Aug. 18, 1950, to Oct. 15, 1950 that I last saw the deceased alive on Oct. 15, 1950, and that death occurred at 4:15 Pm., from the causes and on the date stated above.  23A. SIGNATURE 23B. ADDRESS  John L. Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 10/16/50  24A. BURIAL. CREWAL 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  PON. REMOVAL (Specify) Oct. 850 COUNTY (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE 255 FUNDRAL OF RECTOR:  ADDRESS	Σ		(Month) (Day) (Year)		WHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
dcceased alive on Oct. 15 19 50, and that death occurred at 4:15 Pm., from the causes and on the date stated above.  23a. SIGNATURE  John L. Wilson, Medical Director M.D. US Marine Hospital, Balto, Md. 10/16/50  24a. BURIAL, CREMAL Specify 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  PON. REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25 FUNDRAL OF RECTOR?		22. I hereb	u certifu that I att			18 1950 to O	et., 15 , 19 5Q	that I last saw the
24a. BURIAL, CREMAN 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  PON, REMOVAL (Specify) OCA: Social History (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25 FUNDRAL OFFICE ADDRESS		deceased a	line on a Oct. 1	5 10 50	and that death occur	red at 4:15 Pm from t	the causes and on the	date stated above.
24a. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  PON, REMOVAL (Specify) OCA: Social High Community (State)  DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25 FUNDRAL OR RECTOR:  ADDRESS		John L.	Wilson, Medi	ca l Dir	octor M.D.	US Marine Hospita		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNDRAL OFFICTOR ADDRESS	2.	AA. BURIAL.	CREWA 24B. DATE	ef_	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L		county) (State)
	SAD.	ATE RECEIVE	D BY REGISTRAR	S SIGNATI	DRE TORK	25 FUNDRAL DIRECTOR	Box 15-6.	ADDRESS
OCT 18133 Tuttington Millane 11 Bobert a. Cecuphrey - helher Suedeed	1	C1 1-63		with /	Misus 11 3 D	del a. Buy	Krey- Bet	esdudes
VS 150		VS 150		C. Den			07.	4 a yes



#### BALTIMORE CITY HEALTH DEPARTMENT

50 8829

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED LES ALBERT HAN.	SON   2. DATE OF /1/4/50
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR NARY/AND GENERAL HOSPITAL	
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	
M White WIDOWED, DTVORCED (Specify	3-29- 73 33
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, eveo if retired)  President.  Lubricant	11. BIRPOPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
CHARLES HANSEN	CAROLYN WAGNER
15. WAS DECEASED EVER/IN U. S. ARMED FORCES? 16. SOCIAL (Yea, no brankoown) (If it's, give who optobe of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs. Ethel D. Hanson Gilman Apts.
11. 420:1 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	TERIOR MYOCARDIAL INFARAT 2day
injury or complication which caused death a put to	
ANTECEDENT CAUSES Apte	RIO Sclerosis of CORONARY ARTERIES
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ARTERIES
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	
194. DATE OF OPERATION   198, MAJOR FINDINGS OF OPE	
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?
OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 10	113/ 1950, to 10/14, 1950, that I last saw th
deceased alive on 10/14, 1950, and that death occur	rred at // m., from the causes and on the date stated above
and Great M.D.	maryland General Hosp 10/15/50
24a. Buriat. CREMA- 24b. Date 24c. NAME OF CEMETION, REMOVAL (Specify) Burial 10/18/50 Loudon Par	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR JADDRESS Salts
Vs 159 29068	1 094a ma
49000	

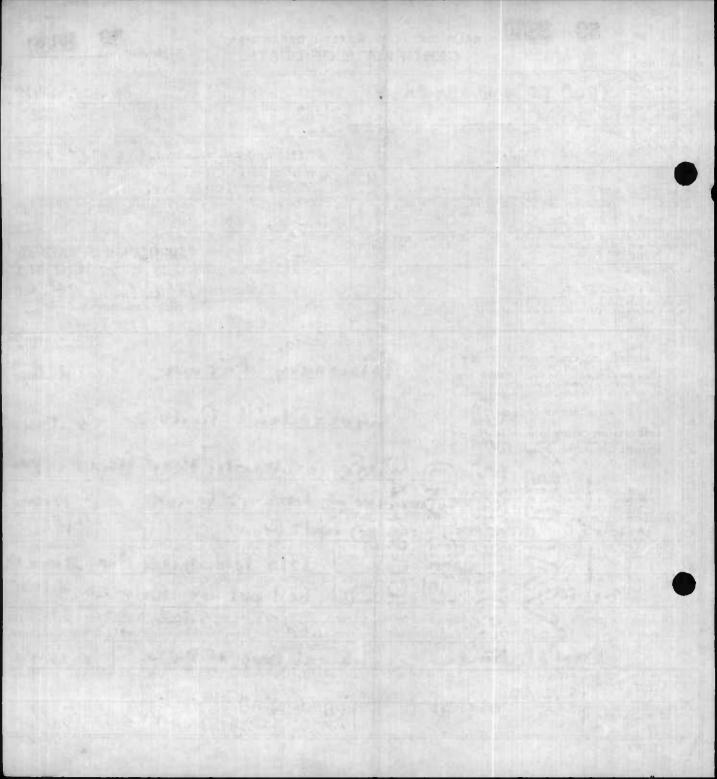


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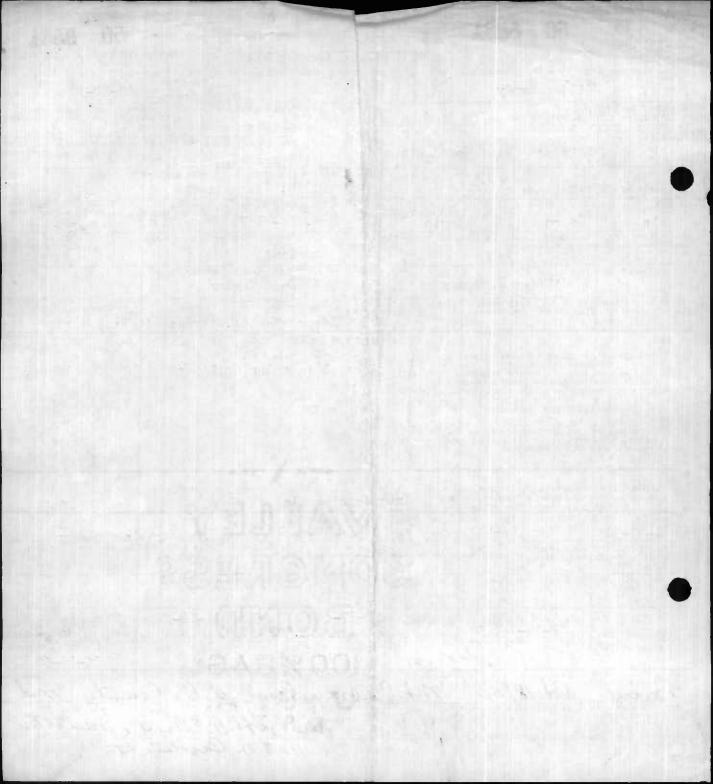
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8830

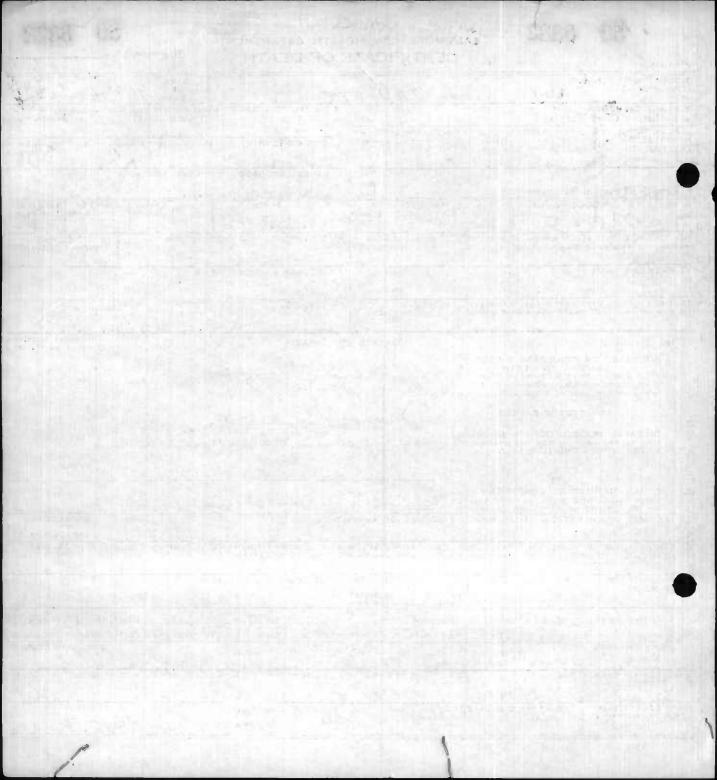
B	IRTH NO.							
	NAME OF DECEASED TY = E 51HER V.		2. DATE OF DEATH Oct	. 13, 1950				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)				
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)			- A DAVE A				
	NSTITUTION Sinai Hosp.	Baltimore	outside corporate limits,	write RURAL and give				
	Yrs.	D. STREET ADDRESS (If r	ural, give location)					
C.	Length of stay in Baltimore Days	2732 Pennsylva	unia Ave.					
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		nder ) Year   It Under 24 Hours ths: Days   Hours: Min.				
10	female   white   widowed	Jan. 10, 1869	81					
WOT	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		PEDTIFICATION	2. CITIZEN OF				
1:	NOUSEWLIE  3. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NA	ME CALLUS	NSKI M.D				
	J. K. Myers	unknown	111 041	lord to				
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	CHIEF OR ASSAU	ERESS EXAMPLER				
	no or nnknown) (II yee, give war or dates of service) SECURITY NO.	Mrs. Marion P.		Pennsylvania				
	18. 420,0 mm F 902 CAUSE	OF DEATH		INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY	E4.		onoti And Dean				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	uskary car	and .	1 days				
	ANTECEDENT CAÚSES		5 (	7,				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	ocardial l	actons	-4 days				
FA	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ICA	a barractor that Occase - Way							
RTIF								
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	of weck-rt 1	femor	- 17 days				
L		PATION - COMMEN		20. AUTOPSY?				
CA	21A. AÇCIDENŢ. SUICIDE.   21B. PLACE OF INJURY (e.g., in	n or   21c. WHERE DID (If	f in Baltimore City vi	YES NO NO				
1EDI	HOMICIDE (Specify) about home, form, factory, street, office bldg., c		sylvania Au	e, Zour 17				
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	ED 21F. HOW DID INJURY	OCCUR?	to £1000				
	1-26-50 , am , m. WHILE AT NOT WHILE AT WORK	It tell out	of chair	Co 1100.				
	22. I hereby certify that I attended the deceased from .	1950, to		that I last saw the				
	deceased alive on 10 - 13, 19 5 and that death occur		re causes and on the					
	20 Lunda	SMALL TOOD OF	f Balto.	10-14-5 d.				
2	M. D. 1  4A. BURIAL, CREMA- ON. REMOVAL (Specify)  A. DATE  24C. NAME OF CEMETER ON. REMOVAL (Specify)	RY OR CREMATORY 24D. LC	CATION (City, town, o	r county) (State)				
	Burial 10/17/50 Ebenezer Cem	Cha	se, Md.					
DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	28 FUNERAL DIRECTOR	AND.	ADDRESS TO				
	OCT 161950 with non Milliams III	2/m. Juch	mer van	my;				
	VS 150			101				
11	N \$ 20.0							



ES	5-131385		BAI	CERTIFICATI	ALTH DEPARTMENT	Registered	No	831
	IRTH NO.			CERTII ICATI	- OI DEATH			
	NAME OF E		ly		-d-	OF 10	-14-50	
A.		City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.		: residence fore admission
H	FULL NAME OSPITAL OR			tion, give street address or location)	Maryland (	If outside corporate lim	nits, write RI	IRAL and give
IN	ISTITUTION	Baltimore (	ity Ho	eliq.	Baltimore	16.	6 Zames	township
	Length of s	stay in Baltimore	Life	Yrs, Mos. Days	818 N. Eden St	f rural, give location)		
5.	SEX	6.COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify) nole	8. DATE OF BIRTH Nov. 12- 1878	9. AGE (In years last birthday)		If Under 24 Hours Hours Min.
1 C	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (State or Maryland	foreign country)	12, CITIZ WHA	ZEN OF AT COUNTRY
13	B. FATHER'S	NAME William	R. Bun	dy	14. MOTHER'S MAIDEN N Emma Taylo			
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	149140
(10	w, no or naknown)	(11 yes, give wat of date)	or service)	SECURITY NO.	Records*Balto.C	ity Hospital	s Eas	stern Av
	18. / 77	* .		CAUSE	OF DEATH		INTER	T AND DEATH
	DISEA	SE OR CONDITION					ONSE	AND DEATH
	(This does	LEADING TO DEAT	f dying, e.		ral Vascular Col	lapse	]	L2hrs.
	injury or	ure, asthenia, etc. It mea complication which c	aused death	n.) DUE TO				
		ANTECEDENT CAUS	ES					
Z	DISFASE	S OR CONDITIONS, IF	ANY GIVIN	(B)				
E	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TI					
O	ONDERE	THIS CONDITION LA	31,	(C)		***************************************		
RTIFICATION		-11						
ER		GIGNIFICANT CONDI			olomonia			
Ü	TO THE C	DISEASE OR CONDITION	CAUSING I	IT. 111 001 105				ears
1	1_23_5			FINDINGS OF OPER	inoma of Prostat	. T	YES	AUTOPSY?
EDICAL	21A. ACCIE	DENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., in	or   21c. WHERE DID			
MED		R CONTRIBUTING	about home,	farm, factory, street, office bldg., e	ic.) INJURY OCCUR?			
	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUF	RY OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hereb	ou certify that I att	ended the	deceased from 8-2	7- , 1919 , to	10-14- 19	50, that I	last saw th
	deceased a	live on 10-14-	1950	and that death occur	red at 1.50Pm., from	the causes and on	the date s	tated above
	23A. SIGNA		1)	2	3B. ADDRESS		23c. D.	ATE SIGNED
_	4. BUDIAL	7. ().	CHO		4940 Eastern Aver		10-1	d d
TI	AA. BURIAL.	Specify; 10. 10	150	Mt. Cal	RY OR CREMATORY 240.	F. a. Con	n, or county	md
	ATE RECEIVE		S SIGNATI	JRE	25. FINERAL DIRECTOR		ALORES	17.
1		350	17, 17	THEALTHA		. Ellest ,	Dun	The s
	VS 150	3	4		112977.	Paroline S.	TOS	14



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN WILLIAM PADGETT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) Good Samaritan Hogital C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 27 N. Caren St Washington Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1000 C Street, N.E. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | Il Under 1 Year | It Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male harried Feb. 18, 1865 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Wash. D.C. Lillian Warfield 18. 443X INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY erebral thrombosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Marked arterioscleration and ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE [ 22. I hereby certify that I attended the deceased from 9 6ct . 1950 to 16 Oct 1950 that I last saw the deceased alive on 150 st. 19 50, and that death occurred at 6 Am., from the causes and on the date stated above. 23c. DATE SIGNED + Emming 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATOR Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE! FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

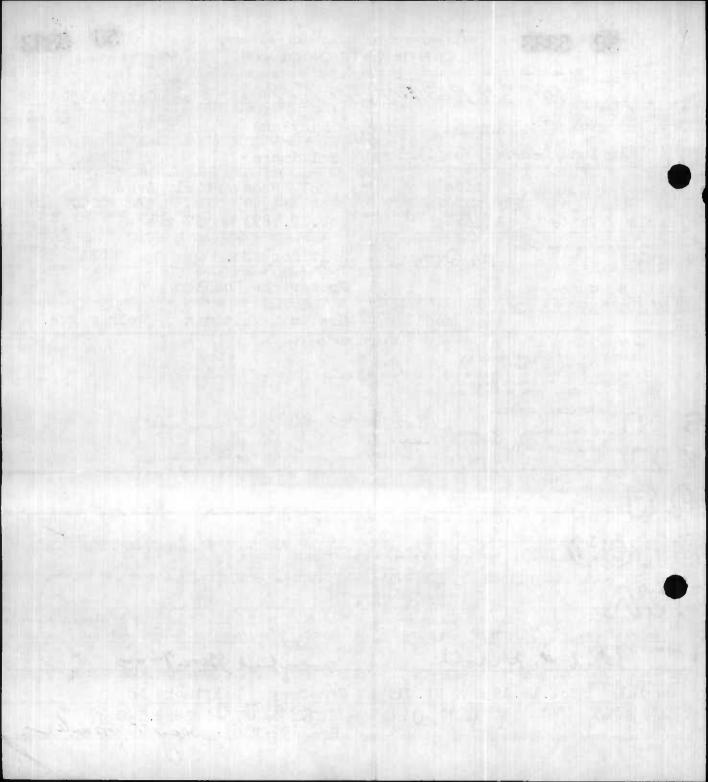


# H-3 00 8833 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	NAME OF DE		SAK	ETE. H	5	77/1.		2. DATE OF DEATHOCT	12.195	0
Α.		ity, Maryland				4. USUAL RESIDE	ENCE (W	here deceased lived B. COUNTY	. If institution	: residence ore admission)
HO	SPITAL OR			tion, give street address locat	s or	Maryland				
INS	Mar	yland Gehe	ral Ho	spital	1011)	Baltimore	(lf e	outside corporate li	mits, write RI	JRAL and give township)
			2.0		rs.	D. STREET ADDRE		,		+
		ay in Baltimore	lif	e M	os. ays	2877 Che	sterf	field Ave		
	emale	White	7. SINGL WIDOW	E. MARRIED. VED. DIVORCED (Spe ICC	eify)	8. DATE OF BIRTH Feb. 27.189		9. AGE (In years 57 yrs	If Under 1 Year Months: Days	Hours Min.
10A	. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OF	2	11. BIRTHPLACE (S	State or for	reign country)	12. CITI	ZEN OF
	sewife	working me, even mretired)	as	DADME INDUS.	IRY	Baltimore	Md.		USAHA	ZEN OF T COUNTRY?
13.	FATHER'S N.	AME				14. MOTHER'S MA	IDEN NA	ME		
W:	illiam	Jones				Fredericka	Koeh	nler		
15.	WAS DECEASED	DEVER IN U. S. ARMET	FORCES?	16. SOCIAL		17. INFORMANT			ADDRESS	
10	no or unknown)	(1f yes, give war or date	s of service)	none security No	Ο.	Mrs.Ruth W	hitem	nan Pe	lham A	ve.
	(This does heart failure	E OR CONDITION LEADING TO DEA' not mean the mode of e, asthenia, etc. It mea complication which of	TH f dying, e. p ns the diseas	E., (A) Cong.	E (	Time Gard	L An	la de		VAL BETWEEN T ANO DEATH
FICATION	DISEASES RISE TO TH	OR CONDITIONS, II E ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVIN	(B) Arter			Alexander	and with		
ERT	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D						
				FINDINGS OF O	PER	ATION			20.	AUTOPSY?
₹ _		7							YES	NO [
4EDIC	21A. ACCIDE LYING OR CAUSE OF D	ENT WAS UNDER- CONTRIBUTING [] EATH		ACE OF INJURY (e. larm, factory, street, office b			ID (If	in Baltimore Cit	y, give exact	location)
	O. TIME (A	Month) (Day) (Year)		21E. INJURY OCCU	HLE	21F, HOW DID	INJURY	OCCUR?		
	22. I herehu	certify that I att			-	× / 2 105 =	+0 O	K/1. 10	Co short I	I mad amount has
	deceased ali	ve on OF/2	- 19 5°	and that death or	cur	red at 5: 30 Pm	from th	e causes and on	the date o	tated above
-	23A. SIGNAT	8 1 b. 16	hrd	M. D.	2	38. ADDRESS	21	2+3		ATE SIGNED
TION	BURIAL, CI	ecify)		24c. NAME OF CEMI	ETE	RY OR CREM TORY		CATION (City, to		(State)
	Burial	Oct.16.		Mt.Olive	U	ceme tery	-	timore Md	ADDRES	6
	AL REGISTR		John Aut	(East O, M. C.		HENRY SAN Baltimore	DER 8	sens. IN	Janes	len
	VS 150						7	1		

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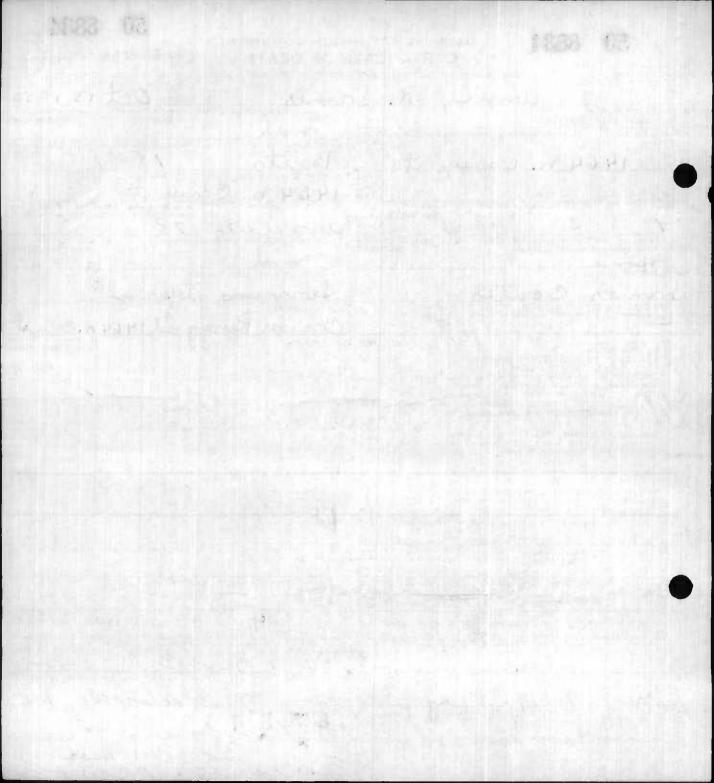
J-520 8834

#### BALTIMORE CITY HEALTH DEPARTMENT

50 8834

В	RTH NO.		-	CERTIFI	CATE	OF DEATH	Registered No.	30-18
1. (T	NAME OF D		mi	2 3	10	2000 67	OF DEATH OCT	13 1950
	PLACE OF D Baltimore (					4. USUAL RESIDENCE (When		titution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution	on, give street a	ddress or location)	c. CITY OR TOWN (If out	tside corporate limits, w	
		464 n. (	ane	tax		Balto	15-0	township)
C.	Length of s	tay in Baltimore			Yrs. Mos. Days	D. STREET ADDRESS (If run	al, give location)	
5.	SEX 7	6. COLOR OR RACE		MARRIED.	(Specify)	0 .= .0	AGE (in years If Und last birthday) Month	s Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINES!	S OR DUSTRY	11. BIRTHPLACE (State or forei	gn country)   12	CITIZEN OF WHAT COUNTRY?
	FATHER'S	e				md		1.5 A.
(	Clana	OA C	tox		- 11	MOTHER'S MAIDEN NAM	topone	
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADD	RESS
					-	Charly King	and 1464	n. Carent
	18. 593	2 X 1		CA	AUSE C	OF DEATH	0	ONSET AND DEATH
	(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode of tre, asthenia, etc. It mea	FH of dying, e.g. ns the disease	•	C	erebal		4 days
	injury or	complication which of		) DUE TO				
NO	DISFASE	S OR CONDITIONS, II		(B)	Chr	. rephretis	••••••	lughon
ATIC	RISE TO T	HE ABOVE CAUSE (A)	STATING THE					
-IC				(C)				
ERTIFICAT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	0				
O				FINDINGS O	F OPER	ATION		20. AUTOPSY?
SAI								YES NO
<b>IEDICA</b>	21A. ACCID LYING□ OI CAUSE OF	ENT WAS UNDER R CONTRIBUTING DEATH		CE OF INJUR			n Baltimore City, give	exact location)
	ID. TIME	(Month) (Day) (Year)		1E. INJURY C		D 21F. HOW DID INJURY O	CCUR7	
			m.		AT WORK			
		y certify that I att				7, 19 f 9 to		hat I last saw the
	23A. SIGNA	live on 10-13-	<u> </u>	ind that deat		red atm., from the	causes and on the	date stated above.
	LON. OLDINA	Frank A.	Sau	nden	M. D.	1029 n. Str	Exer St	10-14-50
24 TI	AA. BURIAL.	CREMA- 248. DATE				OR CREMATORY 24D. LOC.	ATION (City, town or	county) (State)
	ATE RECEIVE		s signatu	RE () ()	1	25. FUNERAL DIRECTOR	A	DDRESS

on / sullanto 1/11



-J-5305 8835

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

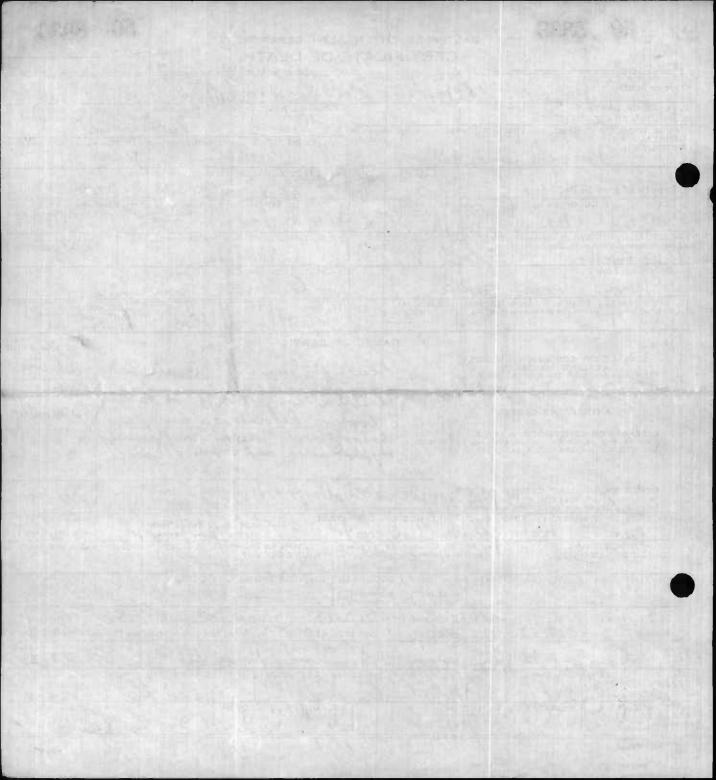
50 8835.

В	RTH NO			CERTIFICAT	E OF DEAT	H Regis	stered No.
(T	NAME OF C ype or Print)	M	abel &	estella go	huson	2. DATE OF DEATH	10-13-50
Α.	Baltimore FULL NAME	DEATH: City, Maryland		tion, give street address or	A. STATE	ENCE (Where deceased B. COL	lived. If institution: residence
H	DSPITAL OR ISTITUTION		Curtis	sae location)	Balto	(If outside corpor	ate limits, write RURAL and give township
Ċ,	Length of s	stay in Baltimo	re	Yrs. Mos. Days		ess (If rural, give locations)	,
1.	emale	6. COLOR OR R.	WIDON	E. MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH	last birth	day) Months Days Hours Min.
work	dooeduriog most	CCUPATION (Give be of working life, even if reserved NAME	stired) 10B. KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S)  Mary (14. MOTHER'S MA	State or foreign country	12. CITIZEN OF WHAT COUNTRY
15	, WAS DECEM	Shar	w-		mary	Willia	mo
(Yes	, no or unknown)	ED EVER IN U.S. A (If yea, give war o	RMED FORCES? or dates of service)	16. SOCIAL SECURITY NO.	alports C.	00	120 Curtiso am
	(This does	O I SE OR CONDITI LEADING TO s not mean the m are, asthenia, etc. It complication who	DEATH ode of dying, e. t mcans the disea	8., (A)	OF DEATH (	Head d	INTERVAL BETWEEN ONSET AND DEATH
FICATION	RISE TO T	ANTECEDENT OF SOR CONDITION OF	NS, IF ANY, GIVE	NG (B) (4) AF (C) (C) (3) De	sporters abouted	Lind	
CERTI	TRIBUTING	II BIGNIFICANT CO G TO THE DEATH, DISEASE OR CONDI	BUT NOT RELAT	ED >			poer
AL	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		DENT WAS UNDER CONTRIBUTIN		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e	or 21c. WHERE D		e City, give exact location)
Σ	ID. TIME	(Month) (Day) (	Year) (Hour) m.	21E. INJURY OCCURRI	21F. HOW DID	INJURY OCCUR?	
		live on 10-1	3 19 10	deceased from and that death occur	red at & P m.,	from the causes an	that I last saw the don the date stated above
	A. BURIAL,	Specify		24C. NAME OF CEMETE	RY OR CREMATORY	24b. LOCATION (Cit	ty, town, or county) (State)
	SUNKO TE RECEIVE DCAL REGIST	RAR REGISTE	RAR'S SIGNAT	Cedar )	25. FUNERAL DIR	Unicopo ECTOR	ADDRESS 715 Kielt &
	OV€ 754	61950	withing or	Millians M. D		0	061.0

Letter in document file 50-8835 - 11/6/50

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11	N-25	20036					N SASE
	1-75	and the section .			E OF DEATH	IT Registere	l No
	ATH NO.	p.d		LICHTICAT	estique Shi	p papers)	
(7	NAME OF DE 'ype or Print)	PETE A	WAS	HNAUS K.	AS (VISNIAUS	OF DEATH O	T 14 1958
	PLACE OF DE Baltimore Ci	ty, Maryland			4. USUAL RESIDENCE	CQUNTY	, before admission)
H	FULL NAME O	F (If not in hos	pital or institutio	n, give street address o location		Of outside cornerate li	mits, write RURAL and give
IN	ISTITUTION ~	never	Hospet	al	Bolki	none.	township)
c.	Length of sta	<i>(</i> ay in Baltimore	V	Mos. Days	9 2 11	(If rural, give location)  Low boul	5+
		6. COLOR OR RAC	E 7. SINGLE.		8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year   If Under 24 Hours   Months: Days   Hours   Min.
10	Male 1	White UPATION (Give kind	Jen Su	gle	July 15 1875	1 75 1	
WOT	acloving	working life, even if retir	(lot	F BUSINESS OR INDUSTR	11. B (RTHPLACE (State of	in foreign country)	WHAT COUNTRY
13	FATHER'S N	ME		77:	14. MOTHER'S MAIDEN	NAME O .	-1
15	. WASUDECEASED	EVER IN U. S. ARM	The FORCES?	16. SOCIAL	entope	a justas	-, -
(Ye	, no or naknown)	(If yes, give war or d	ates of service)	SECURITY NO.	Wather (	Lucas 1413	ADDRESS Chol 5+
	18. 585	×		CAUSE	OF DEATH		INTERVAL BETWEEN
		OR CONDITION		G.	J. b. 0	00	21 Pm
	(This does :	not mean the mod e, asthenia, etc. It n	e of dying, e.g. neans the disease,		He fellise on any	Losma	027
		complication which		Che Che	mie longesti	a second for	lesse 10 months
Z				(B) C Lo	dear decompos	us at were	10 mon4 mg
ATIC	RISE TO TH	OR CONDITIONS E ABOVE CAUSE ( NG CONDITION	A) STATING THE		regenent, Wills	to huntere	uly T
FIC.				عالم-	procession and a	- rood course	es
RTI	OTHER SI	II GNIFICANT CON	IDITIONS CON-	(c)	holeocos fitis		2 %
CE	TO THE DIS	TO THE DEATH, BU	ON CAUSING IT				20 000
AL.	19A. DATE OF	13 1956	19B. MAJOR	FINDINGS OF OPE	VITIS - achole		20. AUTOPSY?
DIC,	21A. ACCIDEN HOMICIDE			E OF INJURY 19 8.			, give exact location)
MEI				m, ractor y, street, omce bidg.			
	F INJURY	fonth) (Day) (Yes		TE. INJURY OCCURE		JRY OCCUR?	
	00 7 7 7		m.	WORK AT WORK		Oct 11 10	6
					rred at 00:15 Am., from		
	23A. SIGNATU		, 10,00,0		238 ADDRESS	1 / A	23c, DATE SIGNED
2	AA. BURIAL CR	EMA- 248. DATE		AC NAME OF CEMET	ERY OR CREMITORY   246	LOCATION (City, tov	94 14 1958 vn, or county) (State)
TI	A. BURIAL, CR	(Oct 1)	8-1850 1	John Kedon	secos Es	Profes Po	2 Dans
D	ATE RECEIVED	BY REGISTRA	R'S SIGNATUR	E /	25. FUNERAL DIRECTO	R	ADDRESS
1	1 0 1000		1 . 2 !	C la	Jeseph / as	wiskon hu	602 Washe
	VS 150			6		12-	a B



50 8837	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered No	8837,				
I. NAME OF DECEASED (Type or Print)	urs O	Neull	2. DATE OF DEATH OF	13,1950				
	imore	4. USUAL RESIDENCE (W		stitution : residence before admission				
B. FULL NAME OF (If not in hospital or institution St. Joseph	1 Hosp.	c. CITY OR TOWN (If a Baltimore		write RURAL and give				
Length of stay in Baltimore	life Yrs. Mos. Days	p. STREET ADDRESS (If r						
M W Sir	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH 7-1-1901	9. AGE (In years Mont 49	der I Yeat   K Under 24 Hours hs Days Hours Min.				
work dooe during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY LPANCE	Ealtimore Md.	reign country)	2. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA Margaret Gib						
John M. O'Neill  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  Yes 2	16. SOCIAL SECURITY NO.	7. INFORMANT Miss Helen C.	ADI	PRESS 44				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED.	y (A)	OF DEATH  TYONAY  O	cclusion	INTERVAL BETWEET				
TO THE DISEASE OR CONDITION CAUSING	TED							
19A. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?				
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. DUTING CAUSE OF DEATH.  21b. Time (Month) (Day) (Year) (Hour) FINJURY	ACE OF INJURY (e.g., ic, farm, factory, street, office bldg., c  21E. INJURY OCCURRI WHILE AT NOT WHILE	to.) INJURY OCCUR?	in Baltimore City, giv	e exact location)				
22. I certify that I took charge of the	The continuous of the remains described above, held an Autops, Inspection or Inquiry, the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: pathral causes of accident of suicide of homicide of undetermined of the continuous of the conti							
24A. BURIAL. CREMA: 24B. DATE TION. REMOVAL (Specify) BURIAL 10-17-59	PAC. NAME OF CEMETE New Cathedr	.D.   MEDICAL INVESTIGATORY OR CREMATORY   24D. LO		county) (State)				
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAT	URELS O C	The A. Moran		timere St.				
V S 151	4509	3	094	aV				

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capaciant ambara

or of the second Mass magaret toldorf

B-200 50 8838	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	50

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8838

1.	NAME OF Daype or Print)	ECEASED OF	0 /	Bouse	53	2. DATE OF DEATH	10-15-50		
	PLACE OF D Baltimore	EATH: City, Maryland		Baltimore	4. USUAL RESIDENCE				
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or					
IN	OSPITAL OR			location)	C. CITY OR TOWN	If outside corporate	limits, write RURAL and give		
_		Dina	-		B	7	township)		
				Yrs.	D. STREET ADDRESS	Frural, give location	n)		
C.	Length of s	tay in Baltimore		ife Mos.	317 S. Ann St				
5.	SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED,	8. DATE OF BIRTH	9. AGE (In year	rs   Il Under 1 Year   Il Under 24 Hours		
	M	W	WIDOW	(ED, DIVORCED (Specify)	Mars 328-85	last hirthday)	Months Days Hours Min.		
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF		
MOL		of working life, even if retired)		INDUSTRY			WHAT COUNTRY?		
13	FATHER'S	er of wills	Cou	rt House	Balt,imore		USA		
13	. FAIRER S	NAME			14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME			
		H. Bouse			Mary A Haskie				
(Ye	e, no or unknown)	ED EVER IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
					Robert H. Bouse	Son 317 S	S. Ann Street		
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mes complication which	TH of dying, e. a ns the diseas caused death	g., (A) <b>C</b> 500	of DEATH				
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Hyperfusive Condro-  OUE TO  OU								
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED  A Les cos clares C.V. Dis.								
0		F OPERATION 1		FINDINGS OF OPER	RATION	•••••	20. AUTOPSY?		
AL		0					YES NO		
Ü	21A ACCIDE	NT, SUICIDE.	218 PL	CE OF INJURY (e. g., i	n or   21c. WHERE DID	(If in Baltimore C	ity, give exact location)		
ED	HOMICIDE (Specify)   about home, farm, factory, street, office bidg., etc.)   INJURY OCCUR?								
>		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?			
	F INJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK					
	19 <b>5, R</b> at I last saw the								
11	deceased a	on the date stated above.							
	23A. SIGNA		, 100		23B. ADDRESS	ore outlood area (	23c. DATE SIGNED		
		Kc. 14	1	210	Since	-	10-15-50		
2	As DUDIAL (	CREMA- 24B. DATE	-	M. O.	RY OR CREMATORY 24D.	LOCATION (City t			
TI	4A. BURIAL, ON, REMOVAL (S	Specify)				LOCATION (City, I	own, or country (State)		
	Buria	10-19	-50	Holy Redee		Baltimore	e		
D. Li	ATE RECEIVE				25. FUNERAL DIRECTOR	300	ADDRESS		
		KAR WENT	VIIIII	THE PARTY OF THE	Lilly & Zeiler	, 403 S. T	Wolfe Street		
1	Vs 150	<del>13U</del>			LOB Att				

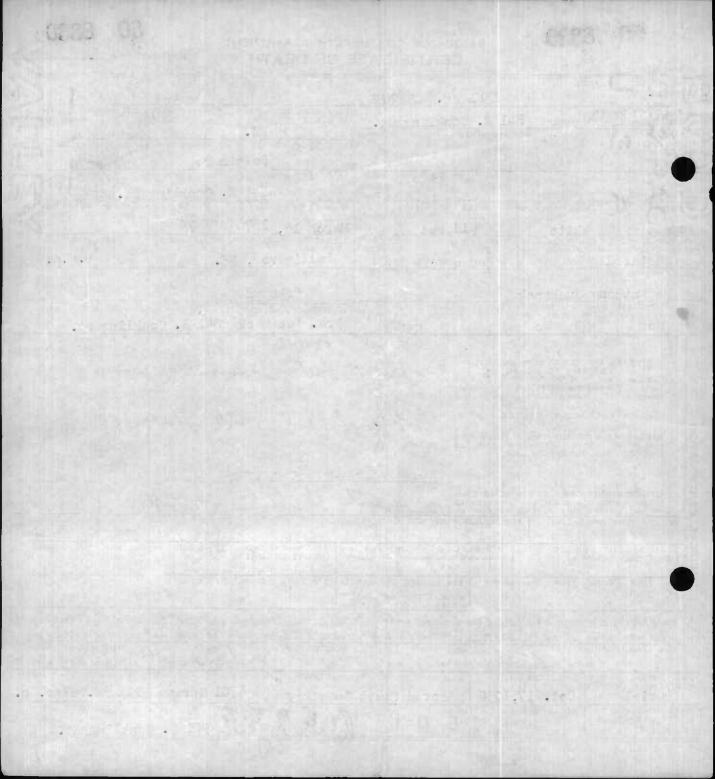
Styles Ann Steent Burget street | Court Hauge 71. 44 LBC2 Holesto N. Poppe Son 317 23 Ann Street Tental throngs LEVE SUELLE SUELL a partial special

T- 5-208839

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	8839
Registe	ered No.	

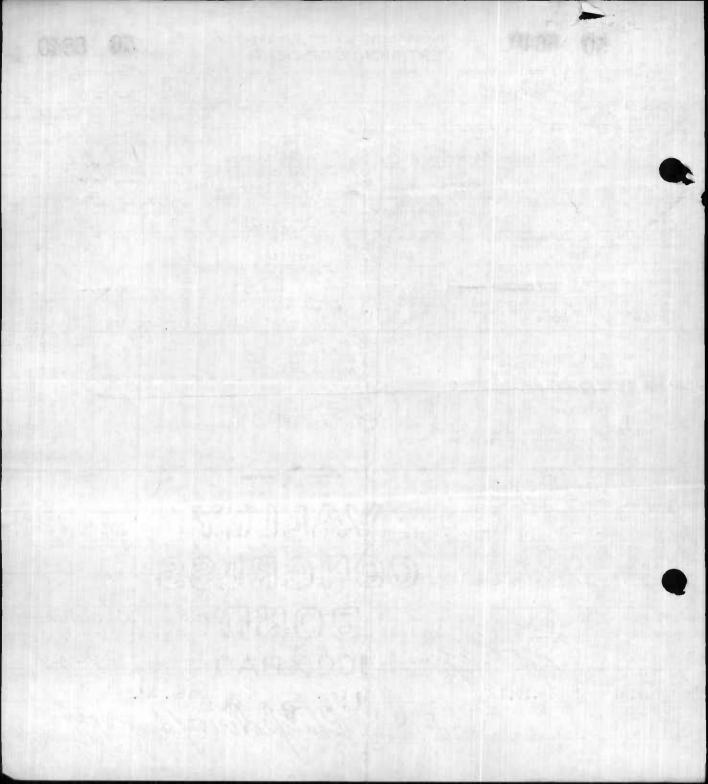
BI	RTH NO.								
	NAME OF D ype or Print)	ECEASED	ANNA	M. THOMAS		2. DATE OF DEATH /0	-14-50		
A.	PLACE OF D Baltimore (	City, Maryland	41 S. (	Conkling St.	4. USUAL RESIDENCE ()		f institution: residence before admission)		
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit:	al or institut	ion, give street address or location)		2004	its, write RURAL and give		
					Baltin	107	01		
				Life Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
		tay in Baltimore		Days	841 S. Conkling St.				
	sex emale	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify) Ldowed	March 18, 1874	9. AGE (In years last birthday) M	f Under 1 Year If Under 24 Hours on the Days Hours Min.		
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF		
work	done during most o	of working life, even if retired)	77	INDUSTRY	Baltimore . Md		WHAT COUNTRY		
13	. FATHER'S N		Hous	se Work	14. MOTHER'S MAIDEN N		O O O O A A		
	Antl	nony Suchanek			Unlanown				
(Ye	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No	No		None	Mrs. Lee Mack	841 S. Conkl	ing St.		
	18 1/1/2	Y		CALISE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)  Attrioscleratic Cardiovascular Mischael Constitution of the caused death.)  DUE TO								
	ANTECEDENT CAUSES Le sline & Cirlinasollossi								
ATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	NG HE DUE TO					
IFIC		11		(c) 12e	Spertension				
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED II abeles Molliter Amild								
				FINDINGS OF OPER	RATION		20. AUTOPSY?		
AL		0.					YES NO		
EDICAL	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give about bome, farm, factory, street, office bldg., etc.)								
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK								
	7								
	deceased alive on 10-12, 1950, and that death occurred at 8:45 fm., from the causes and on the date stated above								
	23A. SIGNA	AL	-do 1	time!	236 / mh	line det	10-14-57		
-	4A. BURIAL.	CREMA- 24B. DATE	gan	24C. NAME OF CEMETE	BY OR CREMATORY 340 I	LOCATION (City, town	1 , 0 , 7 0 2		
TIC	N. REMOVAL (S Burial	Specify) Octo 17	1950	Sacred Heart	1,70		1 Rd. Balto.Co.		
	ATE RECEIVE	D BY   REGISTRAR	S SIGNATI		25. FUNERAL DIRECTOR	901 S. Cont	ADDRESS		
-	61 1 619	JU 1	EV PIV	ACH (III)	Mary J. Jule	7 301 20 00n	cling St.		
	VS 150				U		061.0		



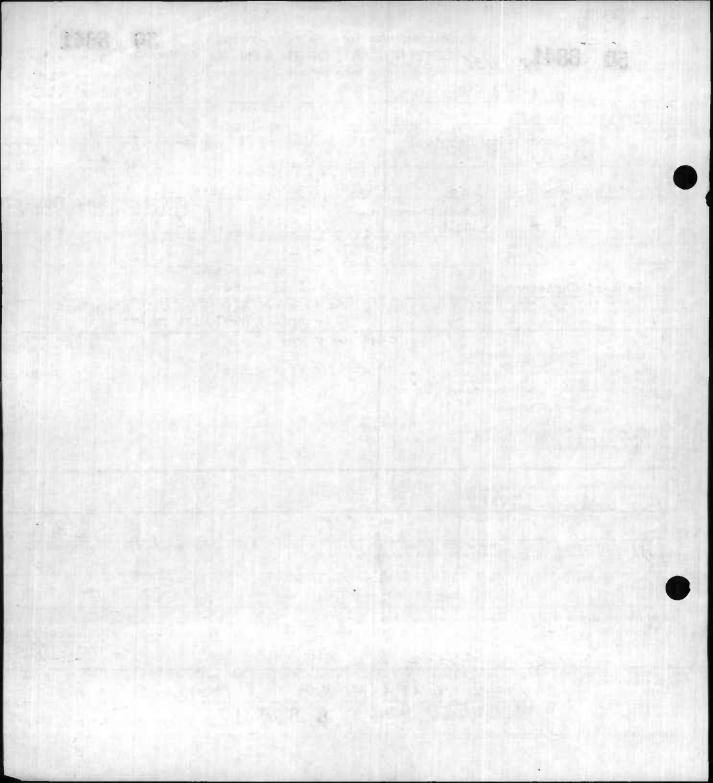
## GES-142525 BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8840

BIRTH NO.									
	NAME OF D				HEED NO.	2. DATE			
		Anna Gapha	ardt			DEATH 10-			
	Baltimore (	City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived, I B. COUNTY	f institution : residence before admission)		
B.	FULL NAME		al or institut	ion, give street address or	Ma	ryland			
	SPITAL OR			location)	c. CITY OR TOWN	1	its, write RURAL and give township)		
		Baltimor	re City	Hospitals	Baltim		04		
			т.	Yrs. Mos.		SS (If rural, give location)			
		stay in Baltimore	Li	Days Days		ra Street (5)			
	SEX	6. COLOR OR RACE	WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	onths Days Hours Min.		
	Female	White	Wid		July 13, 1				
worl	done during most	CUPATION (Give kind of of working life, even if retired)	10B. KINE	INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
10		none		none	Maryland				
13	FATHER'S			EVEN NO. IT I	14. MOTHER'S MAI				
		Fran			Sophi	a?			
(Ye	, no or unknown)	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 4940		
_	none	none		none	Records* B	alto. City Hospi			
	18. 584	<i>+</i> X		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	SE OR CONDITION	DIRECTLY		3 · TO · 3				
		s not mean the mode o	f dying, e. g	>**	diac Failure		Unknown		
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
		h D							
Z	Acute Cholecystitis O DISEASES OR CONDITIONS, IF ANY, GIVING						Unknown		
Ĕ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) CIPTOS IS OF THE LIVET  OTHER SIGNIFICANT CONDITIONS CON-								
CA				(C)					
H									
ERJ		SIGNIFICANT CONDI							
C	TO THE D	ISEASE OR CONDITION	CAUSING I	т					
1		0-14-50		FINDINGS OF OPER			20. AUTOPSY?		
DICAL				Cholecystitis			YES NO M		
1ED	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.)   21C. WHERE DID (If in Baltimore City, give exact location)   1NJURY OCCUR?								
	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
	m. WHILE AT NOT WHILE AT WORK								
	22. I hereby certify that Lattended the deceased from 10-14, 150, to 10-15, 1950, that I last saw th								
	deceased a	10 15		and that death occur	red at 2:50 m.	from the causes and on	the date stated above.		
	23A. SIGNA	TURE ( )	- ( )		3B. ADDRESS		23c. DATE SIGNED		
_		1.0.		M. U.	4940 Easterr		10-15-50		
TH	24a. BURIAL, CREMA- TION, REMOVAL (Specify) 24b. DATE 24c. NAME of CEMETERY or CREMATORY 24d. LOCATION (City, town, or county) (State)								
_	Burial			Balto		Ralto. Md.			
L	ATE RECEIVE	RAR	SSIGNATI	5 0 0	29 TUNERAL DARE	The world	SOL4		
U	[]   612.	30   15-	4	1/7.	muy 0	HILLIGHT HON	Corticalt		
	VS 150		- Asi	1100年,最大社会1777。		/	Color-1947/1		
1.1			400				126.0		



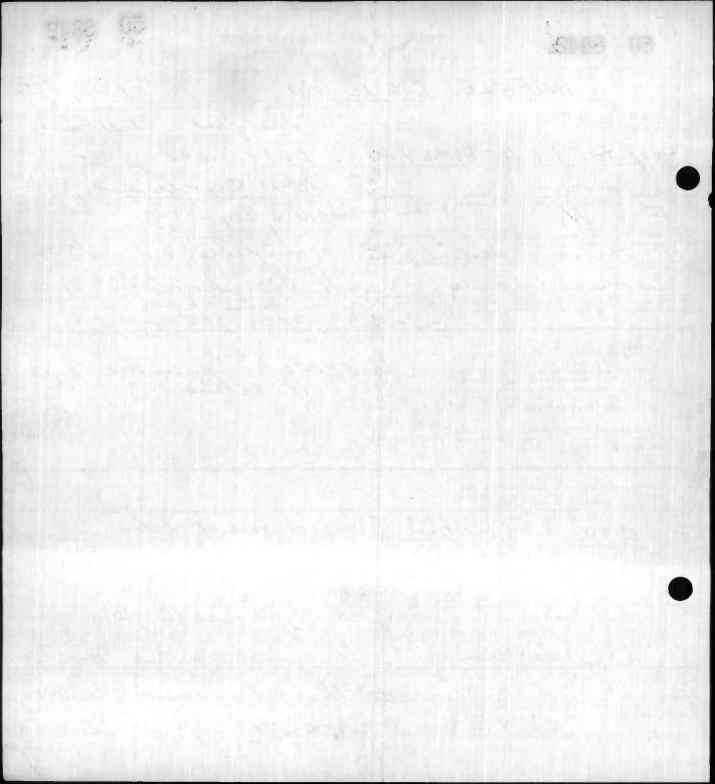
	W.D. * 1	38323			100			
	5-67	230044	ВА		EALTH DEPARTMENT	Registered N	8841	
В	RTH NO.	3 004-68-	19136	CERTIFICATI	E OF DEATH	negistered it	0.	
(T	NAME OF D ype or Print)	Beverl	Ann C	hristopher		2. DATE OF DEATH Octo	ber15,1950	
	Baltimore (	EATH: City, Maryland		-	4. USUAL RESIDENCE (	Where deceased lived, If i	nstitution : residence before admission	
	FULL NAME	OF (If not in hospit	al or institu	tion, give street address or location)				
	STITUTION	Baltimore (		4	c. CITY OR TOWN (I	If outside corporate limits	, write RURAL and giv township	
		4940 Easte:	rn Ave.	Yrs.	D. STREET ADDRESS (I	f rural, give location)	97	
4	Length of s	tay in Baltimore	Lif	Mos. Days	2230 E. Jeffe:			
5.	SEX	6. COLOR OR RACE		E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years H	Under I Year   If Under 24 Hours https: Days   Hours: Min.	
	F	W	Sine		Sept.5,1948	2	itilis. Days Hours Milli	
1C wnrl	A. USUAL OC doneduring most	CUPATION (Give kind of of wnrking life, even if retired)	10B. KINI	D OF BUSINESS OR INDUSTRY	Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME		
	Leon	ard Christopl	ner		Anna Samek			
15 (Ye	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARME (If yes, give war nr date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Balt Records: 4940	imore City Has Eastern Ave.	press 18	
	18. 010	Κ		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
	(This does	not mean the mode	of dying, e.		lous Meningitis		5mos.	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUS						
N O	DISEASES	OR CONDITIONS, 1	F ANY, GIVI	(B)	***************************************	***************************************		
ATI	UNDERLY	HE ABOVE CAUSE (A)	STATING T	HE DUE TO				
10				(C)				
ERTIFICATION	OTHER S	II IGNIFICANT CONDI	TIONS CO	N -				
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED				
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in mr 21c. WHERE DID (If in Baltimore City, g							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e.g., in nr about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)								
	F INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
m. WHILE AT NOT WHILE AT WORK AT WORK 1950, to 10-15, 1950, that I la								
	deceased al	live on 10-15	_, 19_50	and that death occur	red at m., from	the causes and on th		
	234. 910114	9.5.	Clo	Terz M.O.	4040 Eastern Av	e.	10-16-50	
24 TIC	24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 24B. DATE (24C. NAME OF CEMETERY OR CREMATORY) 24D. LOCATION (City, town, or county) (State)							
	BURIAL ATE RECEIVE	D BY   REGISTRAR	SSIGNA			HLTIMORE	ADDRESS	
	CAL REGIST		4	Milausin 2	25. FUNERAL DIRECTOR	H ASON 9001	N. CITESTERST	
Ü	C vs 1509	50					0 111	



VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE HAFELE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) arbland B. FULL NAME OF (If not in hospital or institution, give street address or Timore HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Hospita 1 mor Yrs. D. STREET ADDRESS (If rural, give location) Mos. evelan Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) | Months; Days | Hours | Min. 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10s. KIND OF BUSINESS OR 12. CJTIZEN OF work done during thost of working life, even if retired) NDUSTRY UREN 1205. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME amua 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO -6211 CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF ØPERATION 20. AUTOPSY CAL Carcinous 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE m. WORK AT WORK 1950 to . 19.0, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on let. 14, 1950, and that death occurred at 25 _m., from the causes and on the date stated above. 23A. SIGNATURE 236. ADDRESS 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL ADDRESS LOCAL REGISTRAR



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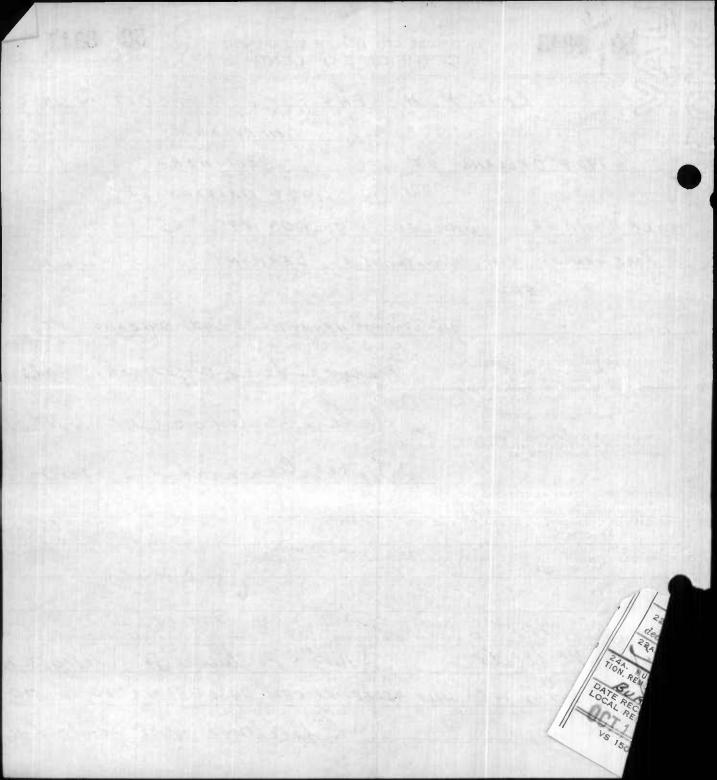
# BALTIMORE CITY HEALTH DEPARTMENT

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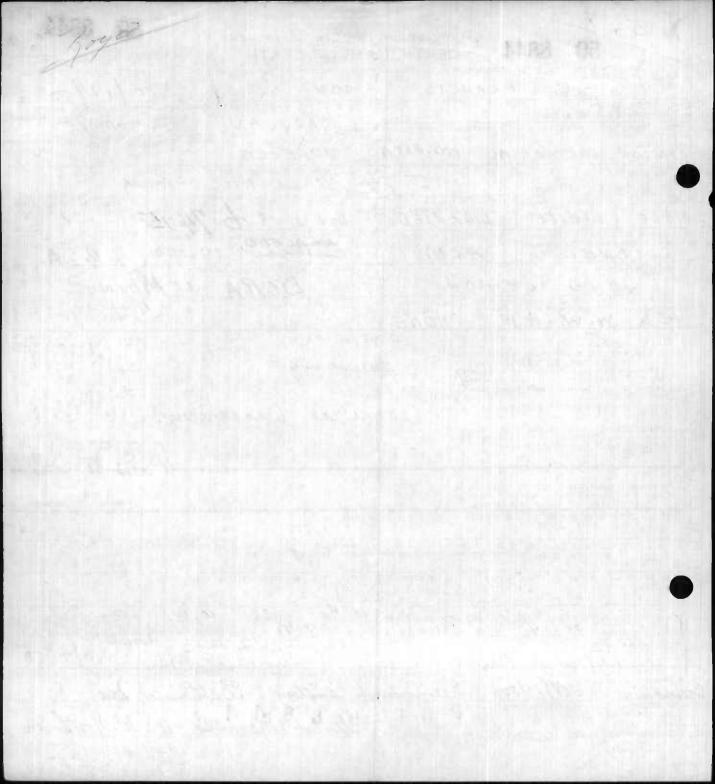
B	IRTH NO.	81'	, C	ERTIFICAT	E OF DEAT	Ή	Registered 1	Vo.	1
1	NAME OF DE	CEASED				2	. DATE		
(1	Type or Print)	E	MIL A	K, H. KE	HL		DEATH OCT		
	Baltimore Ci	ATH:			4. USUAL RESID	ENCE (Wher	e deceased lived, If B. COUNTY	institution : res	idence dmission)
В.	FULL NAME O	12 /	tal or institution	, give street address or	MA	RYLAN	10.		
	OSPITAL OR ISTITUTION			location)	c. CITY OR TOWN	(If outs	side corporate limi	s, write RURAL	and give
	0	1928 OR	LEANS	57	D. STREET ADDR	ALTIM		6-64	
		y in Baltimore		367RS Mos.	1928		INS ST		
5	SEX	COLOR OR RACE	7. SINGLE. WIDOWE	MARRIED. D. DIVORCED (Specify)	8, DATE OF BIRT	H 9.	AGE (in years last birthday) Me	onths; Days   Hou	nder 24 Heurs ors: Min.
	MALE	WHITE	WIL	DOWED	JULY 23	1895	33	6 5 0 6	
WOT	A. USUAL OCC k done during most of	UPATION (Give kind of working life, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN WHAT CO	OF OUNTRY?
-	FORE		CHEP. LICH	TING a TOWING C				U.S.	A .
1	3. FATHER'S NA	0			14. MOTHER'S MA	AIDEN NAME			
11	WAS DECEASED	! KEN							
(Ye	s, no or unknown)	EVER IN U. S. ARME (If yes, give war or date	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DDRESS	
_	NO		2	15-07-0009	HENRY KE	HL 191	AS ORLEA		
	18. 422.	1 1		CAUSE	OF DEATH		0	ONSET AN	
	DISEASE	OR CONDITION	DIRECTLY	mi	andi	10 N	lerone.	1 2	he 2
	(This does theart failure	LEADING TO DEA not mean the mode e, asthenia, etc. It me	of dying, e.g.,	(A)	ocorne	ac o	perou	non )	ncs.
	injury or o	omplication which	caused death.)	DUE TO				0-8-	
	A	NTECEDENT CAU	SES	lin	Tois 5	clos		0.1	1.
O	DISEASES	OR CONDITIONS,	F ANY. GIVING	(B)	ادمى		ruco	- MA	fend
FA	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	DUE TO				6	
IO.				- (YI)	tal Cu	2160	1-	13	200
T		H		(CY			,	12	mo,
CER	TRIBUTING	GNIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATED						
1	19A. DATE OF	OPERATION O	9B. MAJOR F	INDINGS OF OPER	RATION	2 11 11 11		20. AUT	D/T
CA	ALCOUNTS	T GUIGIDE	1 010 01 40	E OF INJURY (e.g.,	in or   21C. WHERE I	DID (If in	Baltimore City,	YES	NO L
MEDI	21A. ACCIDEN HOMICIDE	(Specify)		n, factory, street, office bldg.,		JR? (11 111	A S	give exact locat	ion)
1	1D. TIME (M	lonth) (Day) (Year	(Hour)   21	E. INJURY OCCURR	ED 21F. HOW DIE	D INJURA O	CCUR?		
				ORK NOT WHILE		9			
	I hereby certify that I attended the deceased from the 1950, to ON 14, 1950, that I last saw the eased alive on 14, 1950, and that death occurred at 1020 pm., from the causes and on the date stated above.								
	SIGNATU		ille		23 B. ADDRESS B	Street	as I	23c. DATE	
	RIAL, CR	EMA- 24B. DATE	24	C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCA	TION (City, town	, or county)	(State)
	VAL SD	OCT 18		HOLY REDEE		4430	BELAIR	RU	40
	IVED	BY   REGISTRAR	SSIGNATUR		25. FUNERAL DIF			ADDRESS	
	ISTR.	AR	in on Mu	lliants, Al	D.11.0	Reso	18000	Lowlow	14
	Man L				TO SEE		18000	C PROPERTY.	3/

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4-550 BALTIMORE CITY HE	2,8		
BIRTH NO. 50 8844 CERTIFICATI	E OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print) GEORGE FRANCIS (EA	10N   2. DATE OF DEATH / 0 / 14/50		
S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  B. COUNTY before admission)		
HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			
Length of stay in Baltimore  Yrs.  Mos Days	STARR HILL FARM		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min.		
10A. USUAL OCCUPATION (Givekindef work done during most of working life, even if retired)  ARMY  13. EATHERS NAME  1.3. EATHERS NAME  1.4. EATHERS NAME  1.5. EATHERS NAME  1.6. EXECUTE ARMY  1.7. EATHERS NAME  1.7. EATHERS	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME  JOHN LEMON	DORA LEMOINE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
18. 32/ CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO			
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	bree hemorrhage		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?		
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e			
FINJURY (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCUR?		
deceased alive on 10/14, 1950, and that death occur	1950, to 10/14, 1950 that I last saw the		
	Baltinne 18. Md. 10/14/50		
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER 110N. REMOVAL (Specify) Och 17/50 Greenworth	Cemetery Baltimore Md.		
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Lewart & Mowen Co. 108 W. North are		
vs 150 Dec G	1 City #1. 0832		

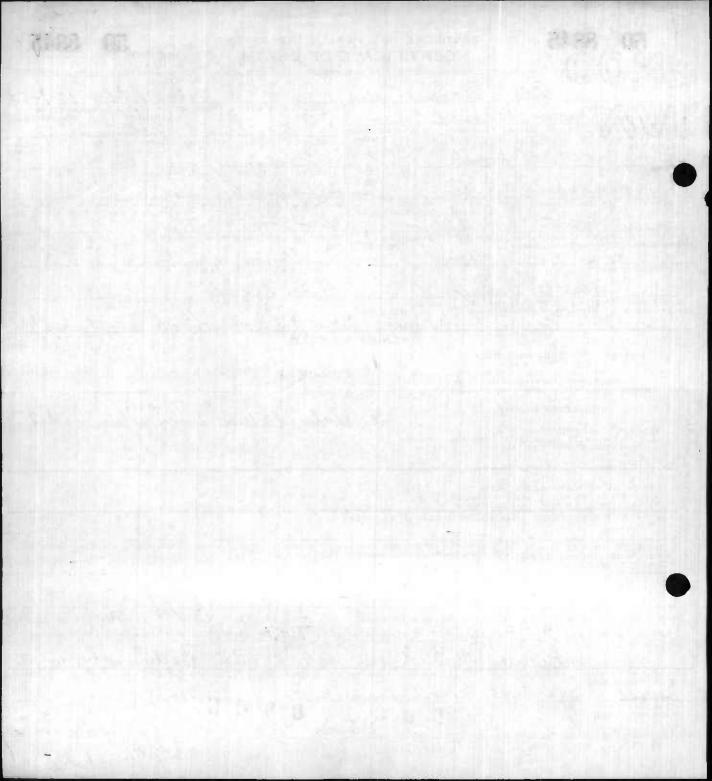


T-600 8845

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

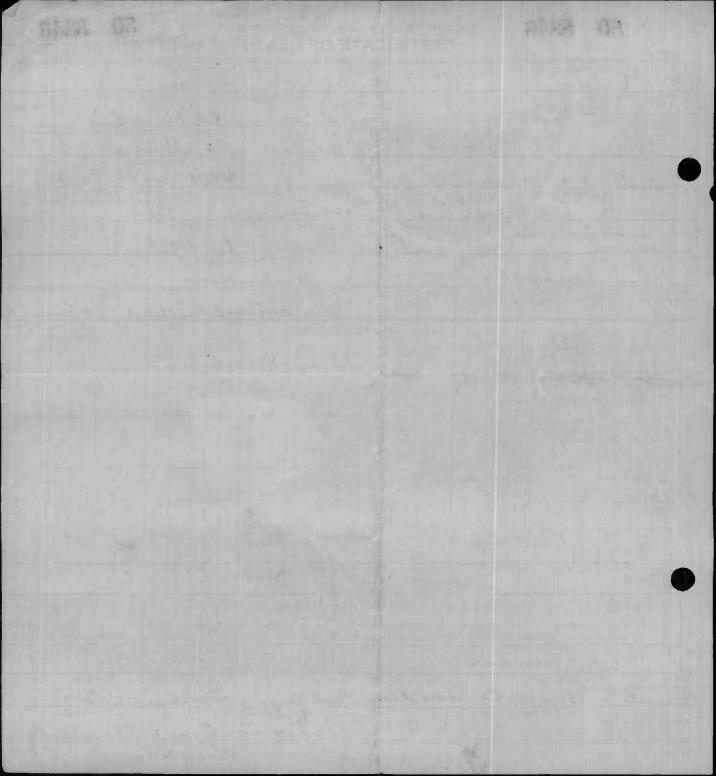
Registered No. 8845

В	BIRTH NO.						
1.	NAME OF DECEAS	ade	Per Do	hmes Trues		2. DATE OF DEATH Oct	Sen1-15-1950
Α.	Baltimore City,	Maryland 28	Charle	ote Place	A. STATE	CE (Where deceased lived. If B. COUNTY	f institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	(11 not in nospita	er or instituti	on, give street address or location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give
		ar	home	Yrs.	Baltimo	rel b	7-11
	I amouth of atom in	D-14	4:0	Mos.	D. STREET ADDRESS	(If rural, give location)	
	Length of stay in	LOR OR RACE	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years)	If Under I Year   If Under 24 Hours
3	Jemale Vi	hite	WIDOW	ED. DIVORCED (Specify)	apr-3-1871	last birthday) M. 79 years	onths Days Hours Min.
10	A. USUAL OCCUPA's done during most of working	TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF
_	none	/	non	res	Baltimore	maryland	U. S. a.
13	FATHER'S NAME	0 0 0	0		14. MOTHER'S MAIDE	EN NAME	
-	Charl	es G. D	ohme		Vas Sch	ul	
(Ye	on, no or unknown) (If y	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. (	17. INFORMANT	0 (0 ) 1	ADDRESS
_	ho	No		nones -	Mr. U.R. L. Doch	mes (brothers) &	Baltimore, Md.
	18. 420.1		30.74	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR	CONDITION	DIRECTLY	1.	P,		0
	(This does not m	nean the mode o	f dying, e.g	(A)	mary / hor	uboses	Junestale
	injury or compl	ication which c	aused death.	) DUE TO			
	ANTE	CEDENT CAUS	ES	41.	0-1.1	4 corruacy	111
Z	DISEASES OR C	CONDITIONS	ANY CIVIN	(B)	realized arter	up cluoin och	con Indefine
F	RISE TO THE ABOUNDERLYING	OVE CAUSE (A)	STATING TH	E DUE TO			
CA	UNDERLING	CONDITION EX	51.	(C)			
F		11					
R	OTHER SIGNIF						
CE	TRIBUTING TO THE TO THE DISEASE						
L	19A. DATE OF OPE	ERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
CA			1 04 014			(14.1. 7) 111	YES NO
1ED!	21A. ACCIDENT V LYING OR CON CAUSE OF DEATH	ITRIBUTING -	about home, fe	CE OF INJURY (e. g., i	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
7	ID. TIME (Month	) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	MHILE AT NOT WHILE TO WORK AT WORK						
	22. I hereby certify that I attended the deceased from , 19 to Oct 15, 19 So that I last saw th						
	deceased alive or			and that death occur		om the causes and on t	
	23A. SIGNATURE	10.	- 0 %		3B. ADDRESS	1017 11#	23c. DATE SIGNED
	1 strawel M Blek M.O. 1006, 23 hd St Bette 18 20 9ct 16-50						
2. TI	4A. BURIAL, CREMA ON REMOVAL (Specify)	24B. DATE	2	4C. NAME OF CEMETE	RY OR CREMATORY   2	4D. LOCATION (City, town	or county) (State)
_5	Burial	Oct-18-1	950	mt. Uuburn	· Cemetery	Usburn Mi	amel
	ATE RECEIVED BY	REGISTRAR	SSIGNATU	5 0 Col	25 FUNGRAL DIRECT	10R3	Marth Augs
1	6 (vs. 15.950	Louis	Walter !	Miana N	www	D'1 1	www and
		The state of the s	DOCE 140 11 1	FOR LOSS AND A READ OF A PARTY.		1 marine star 1	- /1 /



	VI-240	6846			E OF DEATH	NT Registered	0 8846 No.
3	NAME OF DECEAS Type or Printale . PLACE OF DEATH:	, Cobe	17+	rhard	Michael 11 4. USUAL RESIDENCE	2. DATE OF DEATH De	
B.	Baltimore City, I		or institution, g	l Coation	bul Bornery	21011	its write RURAL and give
	Length of stay in		7. SINGLE. MA	Mos. Days		9. AGE (in years)	Co had
1	MAL OCCUPAT	nite !	WIDOWED, I	DIVORCED (Specif:		last birthday) A	donths Days Hours Min.
wor	k done during most of working	(life, even if retired)	Contra	INDUSTR	annarel	co med	12. CITIZEN OF WHAT COUNTRY
	John H	ichael	2	*	14. MOTHER'S MAIDER	NAME	
(X	WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFORMANT	× 1 · 1	ADDRESS .
	1 - 1/001				16 marolella	-2 Michael	INTERVAL BETWEEN
	18 420.1	CONDITION D	IDECTI V		OF DEATH		DNSET AND DEATH
	(This does not m	CONDITION DI ING TO DEATH ean the mode of enia, etc. It means cation which cau	dying, e.g., the disease,	(A)	tondry )	) isease	
	ANTEC	CEDENT CAUSE	s				
ATION	DISEASES OR C RISE TO THE ABO UNDERLYING C	VE CAUSE (A) S	TATING THE	FUE TO			
FIC		П		· · · · · · · · · · · · · · · · · · ·			
RT	OTHER SIGNIFIT	E DEATH, BUT NO	OT RELATED				
CE	19A. DATE OF OPE			DINGS OF OPE	RATION		20. AUTOPSY?
AL							YES NO
EDIC.	21a. EXTERNAL CAPRIMARY OR CON CAUSE OF DEATH.	TRIBUTING		OF INJURY (e. g., ctory,street,office bldg.		(If in Baltimore City,	give exact location)
E	210. TIME (Month) OF INJURY	(Day) (Year) (F	YHILE			URY OCCUR?	
	22. I certify that	t I took charge	of the rem	ains described	accord notes are	spection	thereon and from
	and death in	obtained by so my opinion re	uid Autopsy, sulted from	Inspection or natural cause	Autop Inquiry, find that said es ♥, accident □, suic	sy, $N$ inspection or Inquiry $l$ deceased died on $t$ ide $\square$ , homicide $\square$ ,	he day stated above
	234. SIGNATURE	Kann	m,		ASSISTANT MEDICAL INVESTIGATION	AL EXAMINER	SC. DATE SIGNED
13	AA. BURIAL, CREMA- ON, RAMOVAL (Specify)	10-18-	50 Lo	wdom.	Park Cure	Freduie	n, or county) (State)
	ATE RECEIVED BY COLL REGISTRAR	REGISTRAR'S	SIGNATURE TO A MILE	ONC	Edward June		ADDRESS
VS	151		2	9054		Ballis med.	0941

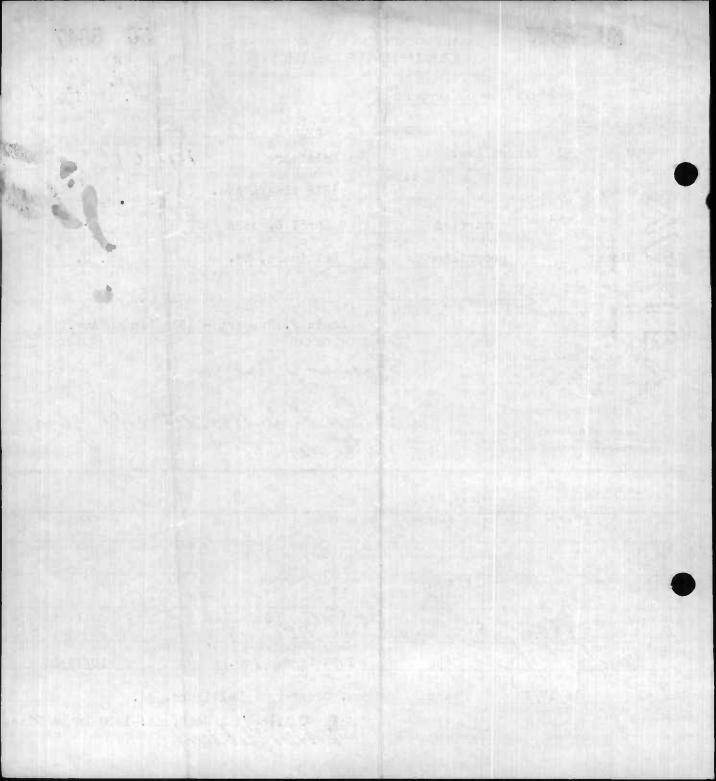
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R-	1605	8847
1 4	UU	Para a

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.		CERTIFICATI	OF DEATH	negistered .	110-			
1. NAME OF DECEASED				2. DATE				
(Type or Print)	ouis Joseph	Ruppert		OF DEATH Oct.	14. 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryla			4. USUAL RESIDENCE (V					
B. FULL NAME OF (If not i	*** *** ***	ion, give street address or	Maryland	none				
HOSPITAL OR INSTITUTION 1818	Linden Ave	location)	Baltimore (If	outside corporate limi	ts, write RURAL and give township)			
		life Yrs.	D. STREET ADDRESS (If	rural, give location)				
c. Length of stay in Baltin	nore	Mos. Days	1818 Linden Ave	•				
5. SEX 6. COLOR OR whi	. WIDOV	E. MARRIED. VED. DIVORCED (Specify) <b>ried</b>	April 6, 1894		onths Days Hours Min.			
10A. USUAL OCCUPATION (Gi ork done during most of working life, even	if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
Glass Blower	propr	ietor	Baltimore, Md.		U. S.			
Joseph Ruppert			14. MOTHER'S MAIDEN N	AME				
15. WAS DECEASED EVER IN U. S	ADMED FORCES?	I 16. SOCIAL						
Yes, no or unknown) (If yes, give w	ar or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
NO			Louis F. Ruppert	- 1818 Lind	en Ave.			
18.002 X		CAUSE	OF DEATH		ONSET AND DEATH			
DISEASE OR COND		12.	1 0		11.6			
(This does not mean the heart failure, asthenia, etc	mode of dying, e.		uemo januara		100			
injury or complication				11	/			
ANTECEDENT	ANTECEDENT CAUSES							
DISEASES OF CONDITION	DISEASES OR CONDITIONS, IF ANY, GIVING (B) DISEASES OR CONDITIONS, IF ANY, GIVING							
RISE TO THE ABOVE CAU								
UNDERLYING CONDIT	ION LAST.	(c) W/	Carelalyn	<i>7</i>				
ž.								
OTHER SIGNIFICANT	CONDITIONS CO	N -						
TRIBUTING TO THE CEAT								
19A. DATE OF OPERATION		FINDINGS OF OPER	ATION	7-174-1-1-1	20. AUTOPSY7			
21A. ACCIDENT WAS UN	DER.   218. PL	ACE OF INJURY (e. g., is	or 21c. WHERE DID (	If in Baltimore City,				
LYING OR CONTRIBUT		farm, factory, street, office bldg.,						
10. TIME (Month) (Day)	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?				
	m.	WHILE AT NOT WHILE						
22. I hereby certify tha	t I attended the	deceased from 24	Sent 1950/10	13 Oct , 196	2, that I last saw the			
	deceased alive on 1304, 1950, and that death occurred at 1155 pm., from the causes and on the date stated above.							
234 SIGNATURE   236. ADDRESS   23c. DATE SIGNED								
7 allrusson	1 100	M. D.	1938 Linden Ave.		10/14/50			
TION, REMOVAL (Specify)	DATE	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town	n, or county) (State)			
	7/50	Meadowridge Mer	n. Cemetery Bal	timore. Md.				
DATE RECEIVED BY REGIS	STRAR'S SIGNATI		25. FUNERAL DIRECTOR		ADDRESS			
	1 a Wiri		John OMitchell &	Sons, Inc1	900 Eutaw Place			
VS 150	hurror 110d	Cault + This	111111 Alle	uct				
	- 5	5	0035		013/-			
	6441		1000					



D-265

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regis

В	RTH NO.50 8848 CERTIFICAT	E OF DEATH Registered No.			
	NAME OF DECEASED  ype or Print)  CATHERINE  DI	SHROON 2. DATE OF DEATHOCT. 12, 1950			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
B. H	FULL NAME OF (If not in hospital or institution, give street address or Jocation)  SETITION				
12	Johns Hopkins Hospital	Baltimore 3-02			
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
-	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years at Under I Year lit Under 24 Hours last birthday) Months: Days Hours Min.			
	Female Colored WIDOWED DIVORCED (Specify)	3/18/20 ast birthday months Days Hours Min.			
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
15	L'EATHER'S NAME	13 all more My U.S. As			
	- Wy Krown	Wy Known,			
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17-INFORMANT ADDRESS ADDRESS			
(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	(Keveland / abuseon 1144 & Lombard			
	18. 00 7 X CAUSE	OF DEATH INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ary tuberculosis			
	injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
	UNDERLYING CONDITION LAST. (C)				
RTIFICA	OTHER SIGNIFICANT CONDITIONS CON				
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.				
CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER				
AL	214 FYTERNAL CAUSE WAS 218. PLACE OF INJURY (& &.,	or 21c. WHERE DID (If in Baltimore City, give exact location)			
EDIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR DF INJURY  WHILE AT NOT WHILE AT WORK				
	22. I certify that I took charge of the remains described of	above, held an Inspection & Ing. thereon and from			
	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, $\mathbf{x}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .			
	Stanley & Denlacher	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 0ct. 13, 1950			
2 T1	24A. BURIAL. CREMA: 24B. DATE, 124C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR PULL - 661W. Braves			
V	\$ 151	013/			

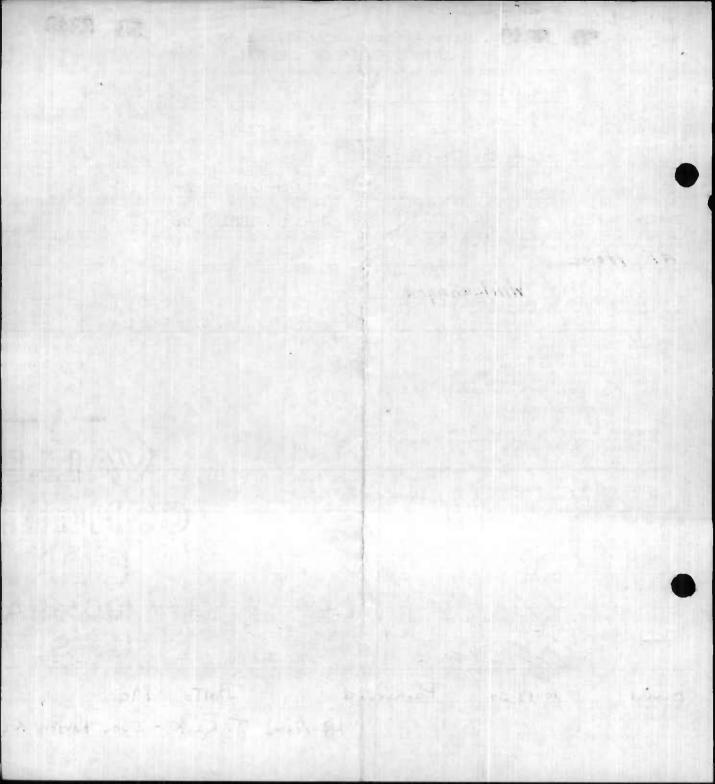
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25. FUNERAL DIRECTOR

VS 150

Entractor Williams M.

- 5305 Harlord Rd

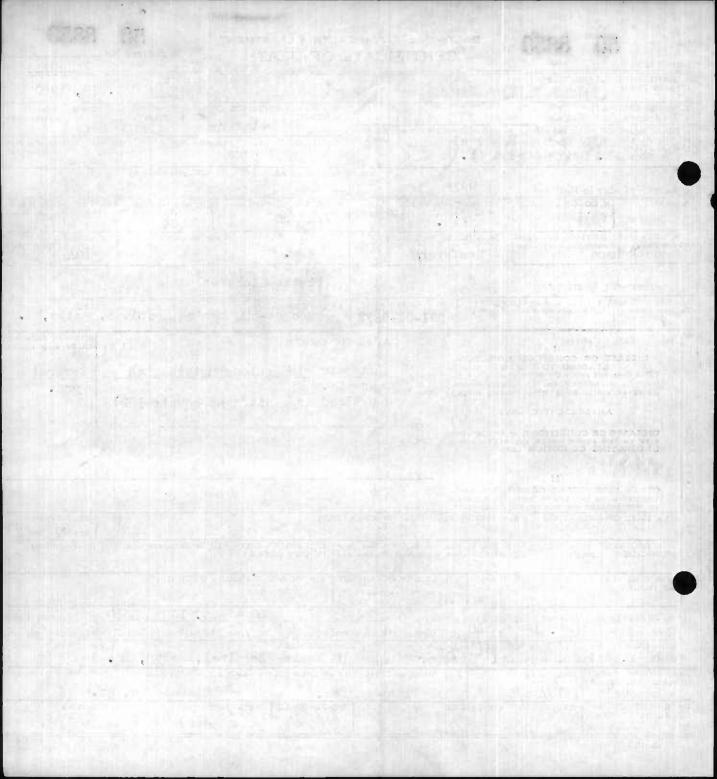


B-560 50 8850

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8850 Registered No.

В	IRTH NO.			OLKIII IOXII	E OF BEATTI		
	NAME OF DECEA	ARREN WAL	LACE BE	NNER		2. DATE OF DEATH	16, 1950
B. H		Maryland (If not in hospit S Marine I	Iospita		4. USUAL RESIDENCE (TA. STATE Delawar C. CITY OR TOWN (I Bowers	Where deceased lived. I	f institution; residence before admission) () () its, write RURAL and give township)
G	Length of stay i		86 da	Yrs. WS Mos.	D. STREET ADDRESS (If	rural, give location)	
1		OLOR OR RACE	WIDOW	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH 7/18/86	9. AGE (In years last birthday) M	ff Under 1 Year II Under 24 Hours onths Days Hours Min.
1 (	DA. USUAL OCCUPA k doneduring most of work deck hand	ATION (Give kind of ing life, even if retired)		of Business or INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13	B. FATHER'S NAME Herman B				14. MOTHER'S MAIDEN N Fietta Richar		
1! (Y	5. WAS DECEASED EV (If ?	ER IN U, S. ARMEI yes, give war or date	FORCES?	16. SOCIAL 22 F-03-9872	17. INFORMANT Records- US M	arine Hospit	ADDRESS al, Balto, Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-				Several yrs.			
CERT	TRIBUTING TO	FICANT CONDITION THE DEATH, BUT E OR CONDITION	NOT RELAT	ED			
	19A. DATE OF OF			FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDICAL	21A. ACCIDENT, S HOMICIDE (Sp	SUICIDE, pecify)		ACE OF INJURY (e. g., li farm, factory, street, office bldg., e		If in Baltimore City,	give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	John L. Wilson Medical Director IIS Marine Hospital Balto, Md 10/16/60					the date stated above.	
2	4A. BURIAL, CREMI	1- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
D	Removal 10/16/50 Warlington Cem. Philadelphia, Pa.  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR. ADDRESS					<del></del>	
77	VS 150		Ò	673 53		,	13, 2md.

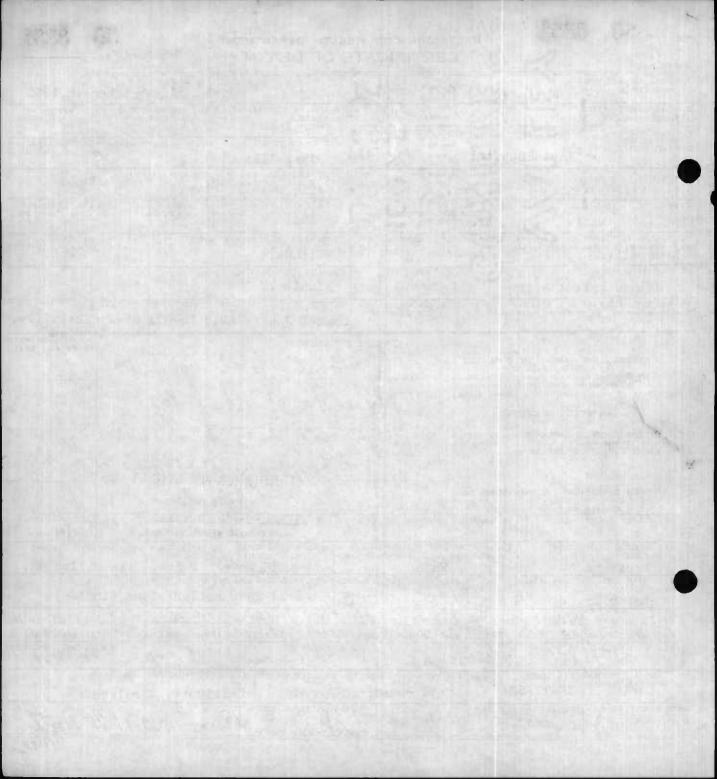


#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No.

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red	No	AND THE STATES

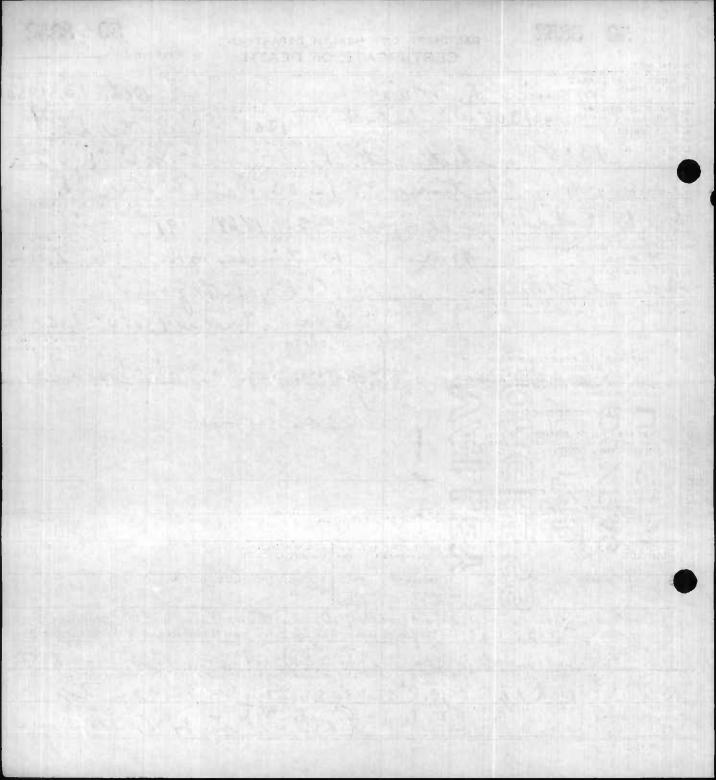
B	IRIH NO.					
1 (	NAME OF DECEASED Type or Print)  REBECCA JONAS		2. DATE OF DEATH October 15	,1950		
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE aryland	here deceased lived. If institution:  B. COUNTY befo	re admission)		
H	OSPITAL OR location)		outside corporate limits, write RUI			
	Sinai Hoppital	Pikesville		township)		
	Yrs.	D. STREET ADDRESS (If r	ural, give location)			
C	Length of stay in Baltimore 55 yrs. Mos. Days	4218 Lowell Dr:	ive 5.300			
	SEX 16 COLOR OF PACE 17 SINGLE MARRIED	8. DATE OF BIRTH	9. AGE (In years     Under   Year	II Under 24 Hours		
f	emlae white WIDOW WIDOW	1867	last birthday) Months Days	Hours Min.		
	OA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired)  housewife own home	11. BIRTHPLACE (State or for Lithunia		SA OF		
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME			
	Nathan Friedlander	Minnie ??				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS			
(Y			8 Lowell Ave. Pike	sville,		
-			M. HAZER	- nd		
		OF DEATH		AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	elnos Heco	mhen - M			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	injury or complication which caused death.) DUE TO	to al DI	. 1014			
	ANTECEDENT CAUSES	ix of ia.	teger			
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		120			
TIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	rouse took, a	Trancial			
N S	UNDERLYING CONDITION LAST.	01 154	in a trans			
Ē	(C)	CEDITICATION	ADDROVED BY	***************************************		
1	OTHER SIGNIFICANT CONDITIONS CON-	CERTIFICATION	no le di			
빙	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yson	saer.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION for: C.J.Lub		UTOPSY?		
CAI		CHIEF OR ASST. ME				
ŏ	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et		in Baltimore City, give exact l	ocation)		
	Accident Home		l Drive, Pikesville	e, Md.		
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED	D 21F. HOW DID INJURY	OCCUR?	5300		
	October 15, 1950 2 P m. WHILE AT WORK AT WORK	X Fell down ce	ellar steps (inside	e) -		
			10-15 , 1957 that I le	ast saw the		
	deceased alive on 10 - 15 1950, and that death occur		e causes and on the date st			
	23A. SIGNATURE 1 A C T	3B. ADDRESS		TE SIGNED		
	Illean Dangel M. D.	Junar 1	10	M		
2	4A. BURIAL, CREMA- 24B. DATE 246. NAME OF CEMETER		OCATION (City, town, or county)	(State)		
	Burial 10-17-50 eth Mamedrosh Hagodol Baltimore, Maryland					
	OCAL REGISTRAR SIGNATURE	Sol. Plinger & Br	186 a			
=	VS 150 , , , , , , ,	- Upcarri		are,		
11	vs 150 N \$01.2		186a	00,0		



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9 89.7	CICHIG

	CERTIFICATI	F OF DEATH	Registered No.
BIRTH NO.	CERTIFICATI	L OI DEATH	
1. NAME OF DECEASED (Type or Print) Mame	J. Muis		OF DEATH OCK. 13, 1957
A. Baltimore City, Maryland	305 Wineher text	4. USUAL RESIDENCE (Whe	re deceased lived. If institution: residence  B. COUNTY before admission
HOSPITAL OR	al or institution, give street address or location)	c. CITY OR TOWN (If out	tside corporate limits, write RURAL and give
INSTITUTION 1305 W	inchester It.	Baltimore	m. D. 16-0 township
Town All of the mile To 14'	Yrs. Mos.	D. STREET ADDRESS (If rur	al, girt location
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	Days Days	8. DATE OF BIRTH 9	. AGE (In years) If Under 1 Year   If Under 24 Hours
Finale Colord	WIDOWED, DWORCED (Specify)	avy 14, 1869	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or forei	gn country)   12. CITIZEN OF WHAT COUNTRY
M one	you	Baltimore	114
13 FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E
and falle	son	- Wisabeth	1 Joses
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	6 Va &	ADDRESS 1305 Winchester Li
18. 442 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	1 1.	ONSET AND PEATH
(This does not mean the mode	of dying, e. g.,	Hansine Corons	yen ler ling ladet.
heart failure, asthenia, etc. It med injury or complication which	ins the disease.	1	
ANTECEDENT CAUS	SES		
	(в)	ttings referred	
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. UNDERLYING CONDITIONS, I RISE L. UNDERLYING COND	STATING THE DUE TO		
	(C)		
OTHER SIGNIFICANT COND			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED		
. 19A. DATE OF OPERATION . 1	98. MAJOR FINDINGS OF OPER		20. AUTOPSY?
			YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e		n Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year,	(Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY O	CCUR?
OF INJURY	m. WHILE AT NOT WHILE		
22. I hereby certify that I at	ended the deceased from Me	11 1950to 00	t. 13, 1950, that I last saw th
deceased alive on Oct. 2	, 1952, and that death occur		causes and on the date stated above
23A. SIGNAPURE		3B. ADDRESS /	23c. DATE SIGNED
	-M.D. / Mms M.D. (	000 N. Urlingto	~ 18 ve. 10-16-50
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	7 PALE NAME OF CEMETER	RY OR CREMATORY 24D. LOC	ATION (City, town, or county) (State)
DATE RECEIVED BY   REGISTRAR	SSIGNATURE_	25 FUNERAL PRECTOR!	ADDRESS
LOCAL REGISTRAR	4- W/15 D. U A	115 V 10 10	11/28 6. 600 0



1	00	50	885	ВА			LTH DEPARTMEN	IT Registered	50 1 No.	8853
В	IRTH NO.				OEKTII TO	11-	O. BE/1111			
	NAME OF D Type or Print)	PAS (I	JALE Z	<b>O</b> PPO	Zopf	0		2. DATE OF DEATH OCTO	ober	15, 1950
Α.	Baltimore (	City, Man		BATT	TIMORE	A	STATE	(Where deceased lived. B. COUNTY	If insti	tution : residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION				tion, give street addr locs		Maryland . CITY OR TOWN	(If outside corporate lin	mits, wr	ite RURAL and give
		Mercy	/ Hospi	tal			Baltimore	<u> </u>	1 60	
						frs. D	STREET ADDRESS			
-	Length of s					Days	506 Ensor St		8 0 6 -	10
5	SEX	6. COLOR	OR RACE		E. MARRIED, WED, DIVORCED (S		DATE OF BIRTH	9. AGE (In years last birthday)	if Under Months	Days Hours Min.
	male	whi		Wio	Lowed		OT KNOWN	Bout 604		
	A. USUAL OC				D OF BUSINESS O		I. BIRTHPLACE (State of	or foreign country)		CITIZEN OF WHAT COUNTRY
1 1	Elmen	I Fin	ris la	1. 59	ll Emple	ed	Tale	,	u	sa.
	B. FATHER'S	VAME		~	1 /7		4. MOTHER'S MAIDEN	NAME		
	PAS	0 40	lo -	200	100	6	oarmele.	20 9		
15	. WAS DECEAN	D EVER IN	U, S. ARME	D FORCES?	16. SOCIAL	1	7. INFORMANT	7.02	ADDR	FSS /4
(Ye	s, no or unknown)	(If yes, g	ive war or date	s of service)	SECURITY N	10. 9	L. Mance Han	1241	0	1:14 my
	100				1	7/6	MINIARY ILA	MAR 1300	0-6	yview
	18. 58	214	1 124		CAU	SE OF	DEATH			DNSET AND DEATH
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		s not mean	the mode	of dying, e.		hed	chest			******************************
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		ANTECEL	DENT CAU.	923	Rup	ured	liver			
Z				F ANY, GIVE	NG			***************************************		***************************************
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12				ITIONS CO						
CE				CAUSING						
,	19A. DATE C	OF OPERA	TION	98. MAJOR	FINDINGS OF	PERAI	ION			20. AUTOPSY?
AL	O.L. EVERDA	VAL CALL	TE MAG	1 21a PI	ACE OF INJURY	e g in or	21c. WHERE DID	(If in Baltimore City	v. give	
DIG	21A, EXTERNUNDERLYIN	G 🛛 OR	CONTRIB-	about home,	farm, factory, street, office	bidg., etc.)		( )		11.1.
E	UTING []			1	street			n and Gay Str	eet	4//
	210. TIME DF INJURY				21E. INJURY OCC		21F, HOW DID INJU			
	Octobe	er 15,	1950 1	.45pm.	WHILE AT WORK AT W	ORK X	Pedestrian	struck by aut	0	
	22. I certi,	fy that I	took char	rge of the	remains describ	ed abo				creon and from
	the em	idence oh	tained ha	enid Aut	oney Inspection	or Ina	uiry, find that said	sy, Inspection or Inquir	the de	an stated above
	and de	ath in m	y opinion	resulted	from: natural co	uses [	], accident [], suici	de , homicide .	, unde	$termined \square$ .
	23A, SIGNA		. 1//	//			238. CHIEF MEDICA	L EXAMINER		ATE SIGNED
		11/11lle	un UX	WITH THE		M.D.	MEDICAL INVESTIG		Oct.	16, 1950
2. T)	4A. BURIAL. S	Specify;	48. DATE	-1950	24c. NAME OF CEN	ETERY	OR CREMATORY 240	LOCATION (City, tov	vn, or co	ounty) (State)
D	ATE RECEIVE	D BY I B	EGISTRAR	SSIGNAT	URF "	1-25	BUNERAL DISECTO	R	AD	DRESS
	PEAL REGIST		- 14	for 7/10	Marcio, 11	E	liver W. Con	Klin 924	2.3	ager St.
V	S 151	N	862	2	571-	24		17	0-	cV

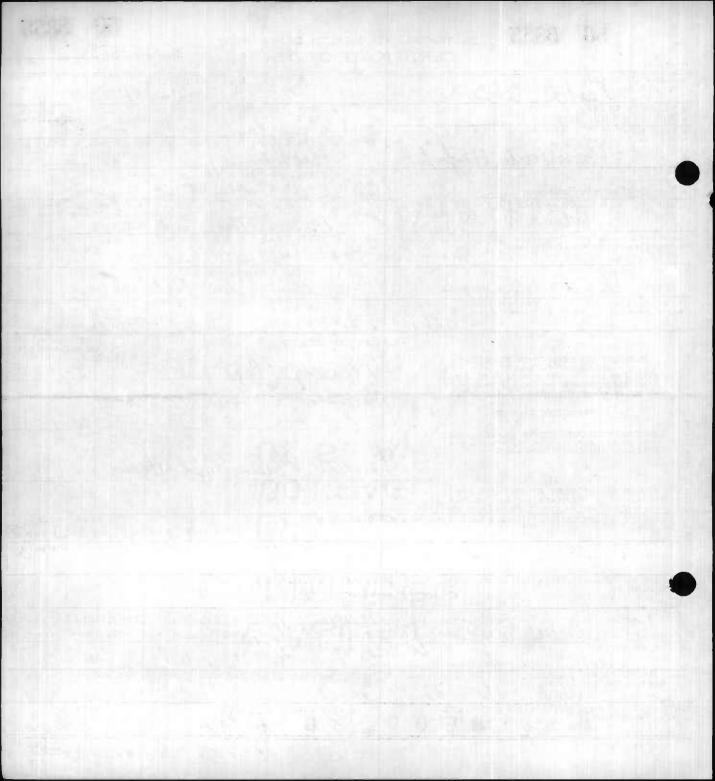
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THE RESERVE AND ADDRESS OF THE PERSON OF THE

	EALTH DEPARTMENT  E OF DEATH  Registered N	0 8854		
1. NAME OF DECEASED (Type or Print) PAULINE CAROLINE VOELKER	2. DATE OFOCT. 14	.1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If i			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR 3215 Elmora Ave.		, write RURAL and give township		
c. Length of stay in Baltimore 65 yrs Mos.	D. STREET ADDRESS (If rural, give location) 3215 Elmora Ave.			
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   W1dowed	8. DATE OF BIRTH July.24.1878  9. AGE (In years last birthday) 72 yrs	Under I Year H Under 24 Hours hths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIIE  INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF USA		
John Drawerr	14. MOTHER'S MAIDEN NAME Catherine ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs Catherine Westerkam ADDRESS 215 Elmora Ave13			
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	2 day			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Interstated herobote	3 years		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER  U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., about home, farm, factory, street, office bldg.,	in or   21c. WHERE DID (If in Baltimore City, g	20. AUTOPSY? YES NO 1		
LYING OR CONTRIBUTING about home, larm, lactory, street, office bldg  CAUSE OF DEATH  1D. TIME (Month) (Day) (Year) (Hour)  F INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 19 and that death occur.	21F. HOW DID INJURY OCCUR?  1	, that I last saw th		
	238. ADDRESS RAPINA RA	23C DATE SIGNED		
24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETE TION. REMOVAL (Specify) Burial Oct.17.1950 Oak Lawn Ce	emetery Baltimore Md			
DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	HENCY SAIDER & SONS. INC. Baltimore Md.	Sanden		
Y. VS 150	0	0/10/		

Careeman of Were -7461 2 days neapocardual Iranspacy shrow helesteld begint 2 do a 9-18.1946 Educara in scrapery from wherem . as 41/06 Abl-81-9 4510 Harfrest Ris 10/16/50 Dr Hume Trucker

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Watson DEATH (O 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Mount St c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | N Under 1 Year | N Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? you LABORE aurba 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18.003,0 INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES 10-14-50 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. enicardial effusion 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY 19 10 10/16 / , 19 50, that I last saw the 22. I hereby certify that I attended the deceased from 10/10/1 deceased alive on 10/16/ , 19 To, and that death occurred at 4:30 cm., from the causes and on the date stated above, 23A. SIGNATURE 23c. DATE SIGNED 10/16/50 listo mene 24A. BURIAL, CREMA-24c. NAME OF CEMETERY TION REMOVAL (Specify Luria DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution)  FOR THE STATE OF THE ST	A. STATE  A. STATE  C. CAY OR TOWN  C. CAY OR TOWN  OF A STATE  C. CAY OR TOWN  OF A STATE  C. CAY OR TOWN  D. STREET ADDRESS  709  D. STREET ADDRESS  709  B. DATE OF BIRTH	2. DATE OF DEATH  (Where deceased lived. If institution: residence B. COUNTY  before admission)  (If outside corporate limits, write RURAL and give township)  (If rural, give location)  9. AGE (In years last binday)  Months: Days Hours Min.
10.4. USUAL OCCUPATION (Give ) ind of work divided during most of working life, even it bettered)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	11. BIRTHPACE (State of INDUSTRY)  14. NOTHER'S MAIDEN  16. SOCIAL	WHAT COUNTRY
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dises injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	asc. th.) DUE TO Coron ary that active Jumps	INTERVAL BETWEEN ONSET AND DEATH  3 4 7 7 6 4 9 7 9 7 7 7 9 7 7 7 9 7 7 7 7 7 7 7 7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	TED	20. AUTOPSY?
	LACE OF INJURY (e.g., in or look farm, factory, street, office bldg., etc.)  21c. WHERE DID INJURY OCCUR?  21c. INJURY OCCURRED 21f. HOW DID INJURY OCCURRED 21f.	(If in Baltimore City, give exact location)  URY OCCUR?
23A. SIGNATURE	ne deceased from 1-18-38 189, to and that death occurred at m., from 23B. ADDRESS M.D. 14	the causes and on the date stated above  23c. DATE SIGNED  CLOCATION City, town, or county)  (State)
LOCAL REGISTRAR	Mildus Mar Jack Lever	me zino Outaw /2

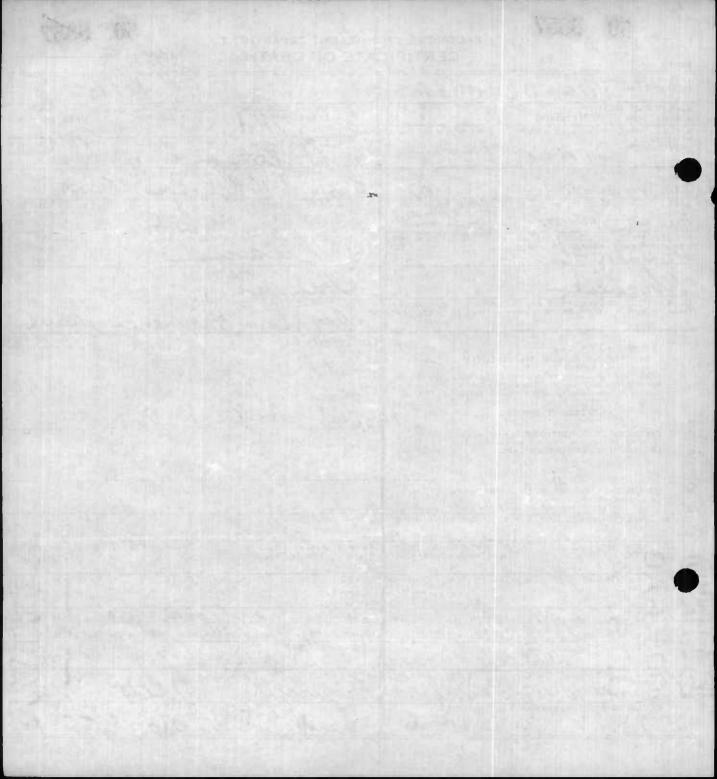
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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В	RTH NO.	OL.	KIII ICAI	L OI DEATH		
	NAME OF DECEASED Type or Print)	BRENNE	R		OF DEATH	15.58
	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	Where deceased lived. If B. COUNTY	institution: residence before admission)
H	FULL NAME OF (If not in I	hospital or institution, gi	location)		f outside corporate limit	s, write RURAL and give
C	Length of stay in Baltimo	aro.	62 Yrs.	D. STREET ADDRESS (III	rural, give location)	Ture !
	SEX 6. COLOR OR R	ACE 7. SINGLE, MA	RRIED, DIVORCED (Specify)	8. DATE OF BIRTH		t Under I Year It Under 24 Hours onths Days Hours Min.
worl	A. USUAL OCCUPATION (Give dans during most of working life, yen if	kind of 10B. KIND OF E	BUSINESS OR INDUSTRY	11. BIRTYPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEASED EVER IN U. S	ARMED FORCES? 16.	SOCIAL SECURITY NO.	17 INFORMANT	grennes A	DDRES9
	DISEASE OR CONDIT LEADING TO (This does not mean the meant failure, asthenia, etc. injury or complication when the complex to	DEATH node of dying, e.g., It means the disease,	CAUSE (A)	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	ANTECEDENT DISEASES OR CONDITIO RISE TO THE ABOVE CAUS! UNDERLYING CONDITIO	NS. IF ANY, GIVING E (A) STATING THE N LAST. ONDITIONS CON-	(B) 1+4/	reil. A. B.	. /4 . D.	
O	TRIBUTING TO THE DEATH, TO THE DISEASE OR COND 19A. DATE OF OPERATION		DINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE O about home, farm, fac	F INJURY (e. g., i ctory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, 1	yes No Sive exact location)
	PID. TIME (Month) (Day) (DF INJURY	Year) (Hour)   21E.     WHILE /   M.   WORK				
	22. I hereby certify that deceased alive on	I attended the deced \$ , 19.52, and t	that death occur	rred at 4:30 km., from t		
	23A. SIGNATURE	Clian /2	ung belo.	23B. ADDRESS	litopp	23c. DATE SIGNED
TIC	A RURIAL, CREMA- PAREMOVAL (Spenify)	17-50 Het	rew F	riendship,	OCATION (City, town,	- Mid
149	ATE RECEIVED BY REGIST	RAR'S SIGNATURE	10 0 S	35. FUNERAL PIRECTOR	W 2100	Ectan Pe
	VS 150		U		0 %	34



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SHERMAN L. PENNELL OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore LUTHERAN HOSPITAL 0 P 3 P o. STREET ADDRESS (If rural, give location) Yrs. MUD 2849 W. Lafavette Ave. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) | Months | Days | Hours | Min. June 12, 1904 46 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Maryland TAG-MAKER DETHLEHAM STEE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Margaret Kearns 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESSavette Av 17. INFORMANT (Yes, no or unknown) (If yee, give war or dates of service) World War #2 SECURITY NO. Mrs. Elizabeth Elsie Pennell-2849 W. Laf--ves INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCARDIAL INFARCTION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CORUNARY ARTERY OCCLUSION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (Specify) HOMICIDE about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE ATT 22. I hereby certify that I attended the deceased from 10/15/50

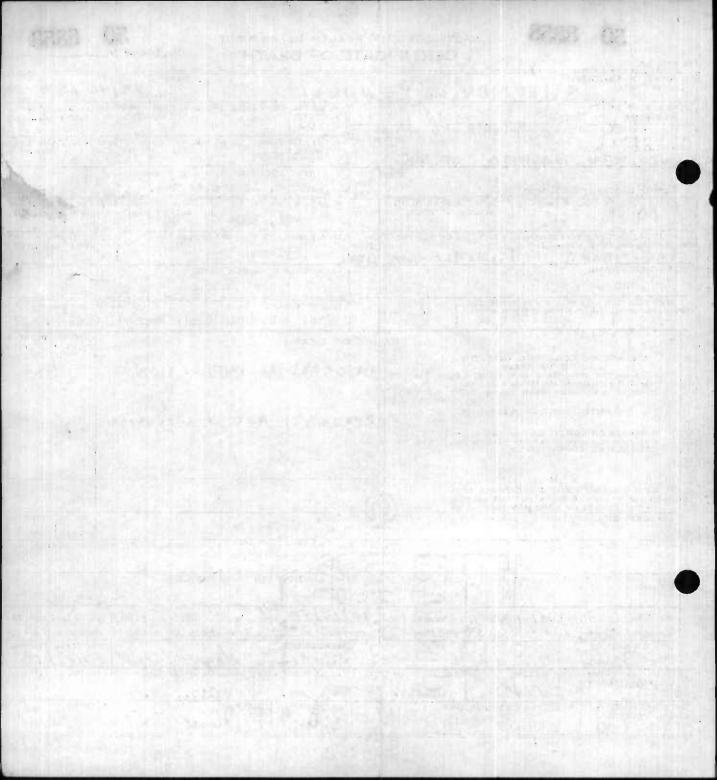
deceased alive on 10/15, 19.50, and that death occurred at 220 m., from 23A. SIGNATURE 10 /15 , 1950, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED Lutherare misane V24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial Balto. National Cem. Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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township)

20. AUTOPSY?



Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH! 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ADMINS ROPKINS KOSPITA Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during master working life, even if retired) PINDUSTRY WHAT COUNTRY? How Curier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .....

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

21c. WHERE DID

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

FINJURY WORK

NOT WHILE! WHILE ATT

22. I hereby certify that I attended the deceased from 10-14-

1950, to 10-14, 1950 that I last saw the 640 km., from the causes and on the date stated above. deceased alive on 10 -14. 1950 and that death occurred at 23A SIGNATURE 23c. DATE SIGNED

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23B. ADDRES

BURIAL CREMA-BEMQVAL (Specify) 24B 24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

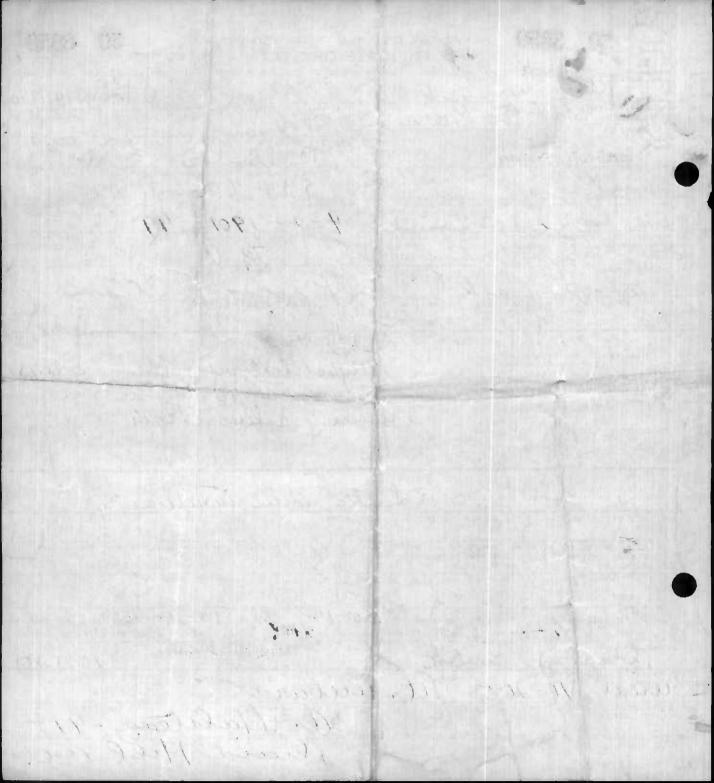
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ll E	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
=	. NAME OF D Type or Print)		LITER	WOOD	RIDGE	2. DATE OF	0 2 / 5 2 5 0
	PLACE OF D	EATH:			4. USUAL RESIDENCE		
В	FULL NAME	OF (If not in hos	pital or institut	ion, give street address or	MAd.	B. COUNTY	before admission)
	NSTITUTION	4		location)	C. CITT OR TOWN	(If outside corporate lin	nits, write RURAL and give township)
	Y	6 NIVERS	(T) H		BALTIMORE	14-1	O Lawrence
	Longth of a	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	. SEX	6. COLOR OR RAC		Days Days	8. DATE OF BIRTH	9. AGE (In years)	II Under 1 Year   If Under 24 Hours
	AN	C		RRIED (Specify)	1903	last birthday)	Months Days Hours Min.
1 wo	OA. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	AAA	RKER		OTHING	UIRGINI	iA	U.S.
1	3. FATHER'S'				14. MOTHER'S MAIDEN	NAME ,	
_		INNETT			GHIVIA C	RAIG	
(Y	es, no or unknown)	O EVER IN U. S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	2- 20-	ADDRESS
-	1.0 00					e coulds	IINTERVAL BETWEEN
	18. 07	E OR CONDITION	I DIDECTI V	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DE	ATH	0/	REALIA CAN.	nextretion	1
	heart failu	re, asthenia, etc. It m complication which	eans the disease	e,	The second secon	7.60	
		ANTECEDENT CA			gumma .		Paner la
z				(B) CAKCIA	CANATOSES PRIM	MARY SITELNO	āT.
ATION	RISE TO T	OR CONDITIONS	) STATING TH	G			
CA	ONDERLI	ING CONDITION	LAST.	(C)			
LIFIC		11		,			
ERTI	OTHER S	IGNIFICANT CON	DITIONS CON	5 STYPHIA	14		
U	TO THE DI	F OPERATION	ON CAUSING I				20, AUTOPSY?
AL	TON. DATE O	2 CI EXAMOND	ISB. MAJOR	THEINGS OF OPEN	ATTON		YES NO
DICA	21A. ACCID	ENT WAS UNDER		CE OF INJURY (e. g., i		(If in Baltimore City	, give exact location)
J E	CAUSE OF	R CONTRIBUTING[ DEATH	about notice,	as int, 1 account, 3, see evel, onice mag.,	INSORT OCCORT		
	21D. TIME (	Month) (Day) (Yes		21E. INJURY OCCURR		JRY OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	y certify that I a	ttended the	deceased from 6	7 / , 19 50 to	5CT 15, 19.	5, that I last saw the
			3, 19 50		rred at 730 Pm., from	n the causes and on	
	23A. SIGNAT	Dhan 1	w. L	-A . A .	3B. ADDRESS	and a	23c. DATE SIGNED
2	4A. BURIAL, A	REMA- 24B. DATE		4c. NAME OF COMET	RY OR CREMATORY   240	LOCATION (City, tow	
	Bure	el Set 2	0 1950	mt.	13	rooklein	mel
D	ATE RECEIVE		R'S SIGNATU	RE	25. FUNERAL DIRECTO	R	ADDRESS
	UCT 1719	950 YEM	wolfer!	Asiands in a	posible x	. Keexx	200 mec, 001
	VS 150		- 40 -	10	9	319	Balt' Ind.
ı				690 4	G	20	- mas

If proble, please state a more definile anstone. location of the malignant Turnor? See Dreument File 50 - 8860 for antipy finding 10-76-50 remote print.

### BALTIMORE CITY HEALTH DEPARTMENT

	IRTH NO.				CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DE	CEASED					2. DATE	
(7	ype or Print)	HARRY	PE	HAM			OF O.	hom 72 7000
3.	PLACE OF DE		2 22			4. USUAL RESIDENCE (		ber 13, 1950
	Baltimore C		nd			A. STATE	B. COUNTY	before admission)
В.	FULL NAME	OF (lf not i	n hospita	l or institut	tion, give street address o			
IN	STITUTION				location	c. CITY OR TOWN (I	outside corporate limits	
2		Univers	ity H	lospita	1	Baltimore	1000	/ township)
	V				Yrs.		rural, give location)	
	Length of st	av in Baltir	nnre		Mos. Days	835 W. Fayette	Street	
	SEX	6. COLOR OR	200	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		Under 1 Year   If Under 24 Hours
		col.		WIDOV	VED, DIVORCED (Specify			ths Days Hours Min.
	nale	MILLE	1		7m	June 9, 1911	1 39 1	
	A. USUAL OCC			10B, KIN	OF BUSINESS OR INDUSTR'	BIRTHPLACE (State of I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
				to	World	Va.		
13	FATHER'S N	AME	0.0			14. MOTHER'S MAIDEN N	AME	
	Louis	. 00	Tha	22		1200000	13 44 10 0	
1.5	. WAS DECEASE	D EVED IN IL C	APHED	EODCEC1	I 16. SOCIAL	Jeaner	prace	
(Ye	s, no or unknown)	(If yes, give w	or or dates	of service)	SECURITY NO.	17. INFORMANT	AD	DRESS
	18. 23/	X			CAUSE	OF DEATH		INTERVAL BETWEEN
	-	E OF CONF	ITION	DIRECTLY	07.002	O. DEATH		ONSET AND OEATH
		E OR COND	O DEAT	H	Subden	and hamptens		
	(This does	not mean the	mode of	f dying, e.		al hematoma	***************************************	******
	injury or	complication	which ca	aused deatl	a.) DUE TO			
		ANTECEDENT	CALLE	EC				
		ANTECEDEN	CAUS	ES	(8)			
Z		OR CONDITI					g*************************************	******
E		HE ABOVE CAU			HE OUE TO			
4					(C)	2*0*00000000000000000000000000000000000	**************************************	
RTIFICATION		- 11						
E		GNIFICANT						
ER		TO THE DEAT						
CE	19a. DATE OF				FINDINGS OF OPE	RATION		20. AUTOPSY?
			7					YES X NO
EDICAL	21A. EXTERN	AL CALIEE M	146	218. PL/	ACE OF INJURY (e. g.,	in or   21c. WHERE DID (	If in Baltimore City, gi	
S S	UNDERLYING	OR CON	TRIB-	about home,	farm, factory, street, office bldg.			,
Ш	UTING C	AUSE OF E	EATH.		Unknown	Unknown		
	210. TIME (1	Month) (Day)	(Year)	(Hour)	21E. INJURY OCCURP	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	Unknown		m.	WHILE AT NOT WHILE	Dnknown		
	THE RESERVE		7 7				it oney	
	22. I certif	y that I too	k enarg	ge of the	remains described	30000, 110000 011	Itopsy Inspection or Inquiry	thereon and from
	the evic	lence obtain	ed by	said Auto	psy, Inspection or	Inquiry, find that said d	eccased dicd on the	day stated above,
	and dec	th in my of	oinion 1	resulted j	from: natural cause	s 🗔, accident 🔲, suicide	□, homicide □, un	idetermined .
	23A. SIGNAT	URE	11	1	4	238. CHIEF MEDICAL		DATE SIGNED
	Ata	ule.	16	New	loclus ,	ASSISTANT MEDICAL		et. 13, 1950
24	A. BURIAL, C	REMA- 248.	DATE		24c. NAME OF CEMETI		OCATION (City, town, o	
TIC	N. REMOVAL (SI	egify)	417	101	an f 0, 0	12.		2
1-1	more	1 00	14	17001	Mr. alv		roperyne	ADDRESS
	ATE RECEIVED OCAL REGISTS		TRAR'S	SIGNATI	O U	25 TUNERAL DIRECTOR	2	ADDRESS
		50	77 30		10	Josefal L. K	und 120	6 mcc. 00.0
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J	0 1)1		100	40	97099		83a	Bult 21
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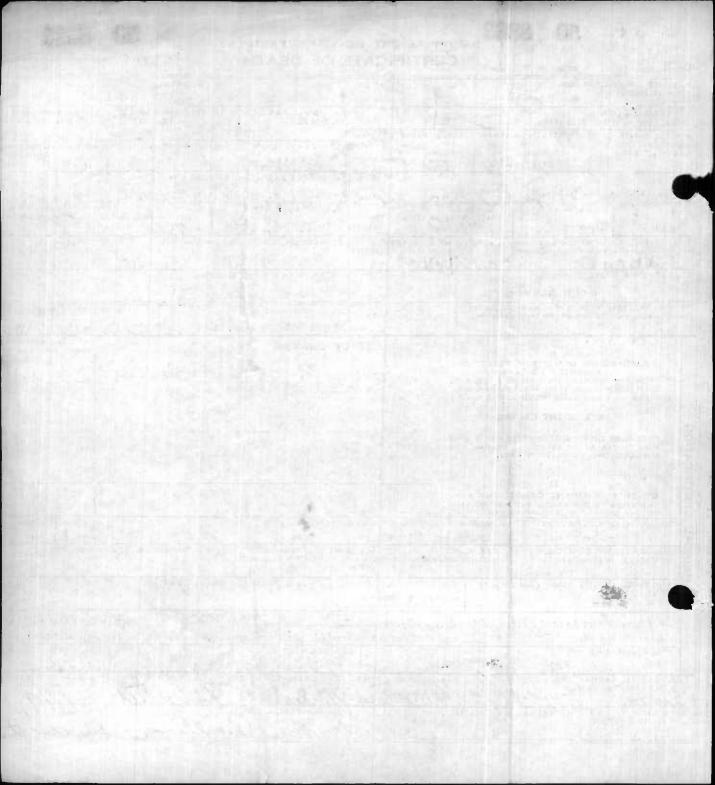
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE Mary Susie Wal (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 601 Carlos de Yrs. rural, give location) Mos. es Jellan c. Length of stay in Baltimore Days 5. SEX Il Under 1 Year 6 COLOR OR RACE AGE (in years) WIDOWED, DIVORCED (Specify) last hirthday) Months Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CITIZEN OF work done during most of working life, even if retired) INDUSTRY Consump 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Waller. 1601 Carlos 54x CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Adeno-corainona of the rectum 10 498. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION DICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT 1900 that I last saw the 22. I hereby certify that I attended the deceased from. 1.m., from the eauses and on the date stated above. 1900, and that death occurred at deceased alive on_ 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B, DATE TION, REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL LOCAL REGISTRAR

VS 150

1 (a) Mary Suste Wallen Woters Por 1601 Carline Justin Batter year 16 10 Carlos Sules are The state of the s

-	315	1				E OF DEATH	Registered	No.	(74)
	RTH NO.								
	NAME OF D ype or Print)	James Ster	renson				OF DEATH 10	-15-50	
3. A.	PLACE OF D Baltimore C	EATH: City, Maryland	Literation			4. USUAL RESIDENCE (V	B. COUNTY		: residence ore admission
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hos	pital or institution	on, give street add lo	dress or ecation)	Maryland	l. Coutside corporate lim	its, write RU	
3	1	Baltimore	City Hos	spitals		Baltimore	10-	02	lownshi
	Length of s	tay in Baltimore	9 Y1	.s.	Yrs. Mos. Days	D. STREET ADDRESS (If		23)	
5.	SEX	6. COLOR OR RAC		MARRIED.	Dayo	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year	H Under 24 Hou
	Male	Negro	Wide			Oct. 26, 1876	last birthday) N	Ionths Days	Hours Min
10 work	done during most o	CUPATION (Give kin of working life, even if retir	dof 10B. KIND	OF BUSINESS	OR USTRY	11. BIRTHPLACE (State or for South Carolina		12. CITIZ WHA	EN OF T COUNTR
13	FATHER'S	NAME	ICONS	Lyncho	24_	14. MOTHER'S MAIDEN N			
		John Stev				Sevella Brid	ce (D)		
(Ye	. WAS DECEASE	D EVER IN U. S. AR.	MED FORCES?	16. SOCIAL SECURITY	NO	17. INFORMANT		ADDRESS	4940
`			- 1			Records* Balto. (	City Hospita	ls East	ern Av
IEDICAL CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTION TO THE DISEASE OF TRIBUTION TO THE DISEASE OF TRIBUTION TO THE DISEASE OF THE D	SE OR CONDITION TO DESTRUCT OF THE ABOVE CAUSE FYING CONDITION TO THE ABOVE CAUSE FOR THE ABOVE CAUSE OF CONDITION TO THE ABOVE CAUSE OF THE	EATH le of dying, e. g means the disease h caused death.  CUSES  5. IF ANY, GIVIN (A) STATING TH LAST.  NDITIONS CON UT NOT RELATE ION CAUSING IT 198. MAJOR Carcin 218. PLA	(B)	OPER.	or 21c. WHERE DID	ith generali	zed Unk	AUTOPSY?
Σ	21D. TIME F INJURY	(Month) (Day) (Ye			T WHILE				
		y certify that L	attended the	deceased from	·	-12 , 150 P to 1	.0-15 , 195	50, that I	last saw t
	deceased a		, 19, 6	and that death			the causes and on		
	23A. SIGNA	TURE	(XAC			JOLO F- at any A-			ATE SIGNE
	0.000	COLU.	The state of the s		. D.	4940 Eastern Ave	nue OCATION (City, pow		16-50 (State
9	AA. BURIAL. (S ON, REMOVAL (S	Decify) 10-18	-1950 0	belous	us	Mo Survey 6	Erlatus	ADDRES	Md.
	ATE RECEIVE		AR'S SIGNATU	11 h.	3	25. FUNERAL DIRECTOR	tolian	RODRES	227/1



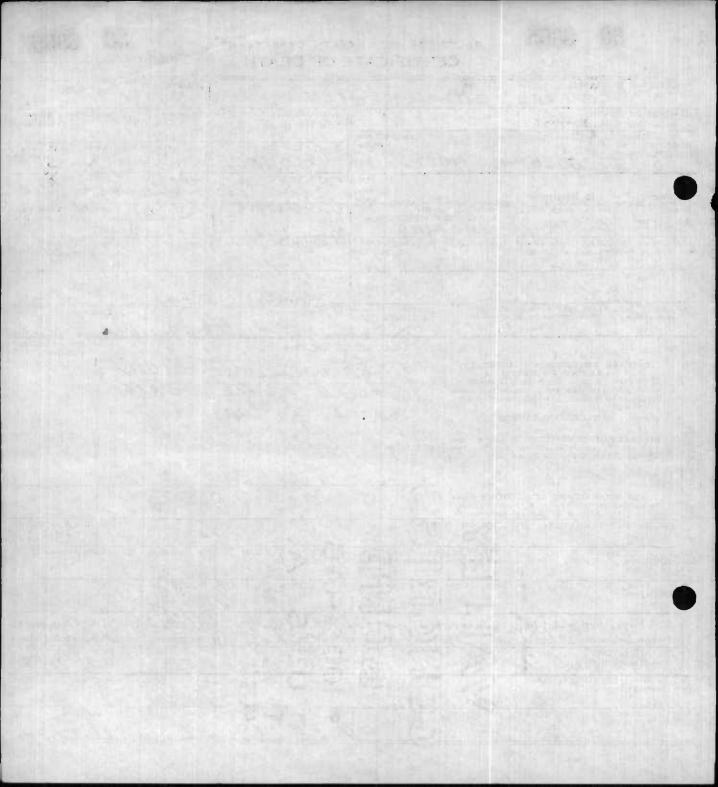
CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. Mos. ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE AGE (In years If Under 1 Year last birthday) | Months: Days | Hours : Min. Male 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME HER'S MAIDEN NAME Luknowa ulenown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH 2014 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. 21c. WHERE DID ō LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from deceased alive 6000 . 197 and that death occurred at m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRES 23C. DATE SIGNED 24A. BUMAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 10-11-50 Jurial DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

3388 OF 10 for the significant of the signi the second of the second Andrew Williams THE YEAR OF THE SECOND TELL IN ELECTION OF THE PERSON The same of the same

350 50 8865

### BALTIMORE CITY HEALTH DEPARTMENT

B	IRTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
_	NAME OF E	DECEASED				12. DATE	
(7	Type or Print)	CHARLI	es ed	GAR EA	ron	OF OF	16/50
A.		City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	institution : residence before admission)
	FULL NAME OSPITAL OR	OF (If not in )	hospital or institut	ion, give street address or location)			
	STITUTION		FOULS .	405P.	c. CITY OR TOWN	If outside corporate limits	s, write RURAL and give township)
14	<u>ال</u>	. 0050	EPH'S 1		184210	. 13-0	3
				Yrs. Mos.	0 0 10 10 10	If rural, give location)	un ave
		stay in Baltimo		Days		7	
	SEX	6. COLOR OR R		E. MARRIED, PED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year     Under 24 Hours   It Under 1 Min.
_	IALE	waras		erino	Jan 14 1883	67	
wor.	DA. USUAL OC k done during most	CUPATION (Give) of working life, even if re	kindof 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
0	perator	Retired	Balta	Transitelan	mal.		WHAT COUNTY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		Wes la	P. tan.		Lucrota 6	Pole	
15	. WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16. SOCIAL	17. INFORMANT	armer.	DDRESS
(10	ss, no or unknown)	(If yes, give war	or dates of service)	215-09-3574	0 il 6	+ 210-R	, , , ,
_	1				Commo / / Ca	100 4645 Ves	INTERVAL BETWEEN
	18. 420			CAUSE	OF DEATH	1	ONSET AND DEATH
	DISEA	SE OR CONDIT		11/10	rinsclesole	c Kears	
	(This doe	s not mean the mure, asthenia, etc. l	node of dying, e. s	(A)	- 40	001170	
		complication wh			use juice	accord	
		ANTECEDENT	CAUSES	Ken	it failur	2	
Z				(B)			
F	RISE TO	S OR CONDITION THE ABOVE CAUSE	E (A) STATING TH				
Y	UNDERL	YING CONDITIO	N LAST.				
ERTIFICATION				(C)			
F	OTHER	II SIGNIFICANT C	ONDITIONS CO	The second second			
	TRIBUTIN	G TO THE DEATH,	BUT NOT RELATE	.D			
O		OF OPERATION		FINDINGS OF OPER	RATION	••••••••••••••••••••••••	20. AUTOPSY?
AL							YES NO
EDICAL		ENT. SUICIDE.		CE OF INJURY (e. g.,		(If in Baltimore City, g	ive exact location)
	HOMICIDE	(Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			nı.	WOSK AT WORK	1.11	11/11/100	
			I attended the	deceased from 10	19_, to_		, that I last saw the
		live on 10/1	75, 19	and that death occu	rred at 3 A.m., from	the causes and on th	
	23A. SIGNA	TURE	Comme	ki i	23B. ADDRESS	Hala.	23c. DATE SIGNED
_	7444	cucios -	50000	м. р.	of - Josephan 5	0517.011/04.4	10/10/0
TI	AA. BURIAL.	CREMA- 24B. DA	1	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)
	Buriel	e aci	19,1950	mt Bion	. Fr	celanda, m	d.
	ATE RECEIVE OCAL REGIST		RAR'S SIGNATU	RE Z	25 FUNERAL DIRECTOR	1	ADDRESS
	ner 1 7	1955 14.4	the for 11	Made Ins	Paul En la herre	28 3615-19	best fre
	VS 150	C Or The	. 0	17 22-121-1-1		/	
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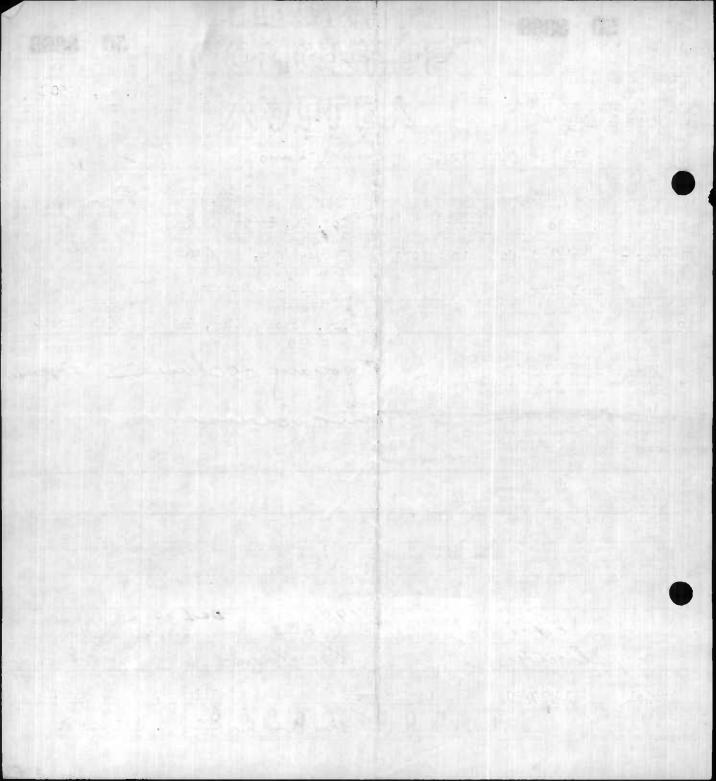


# 50 8866 CERTIFICATE CORRECTED

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8866

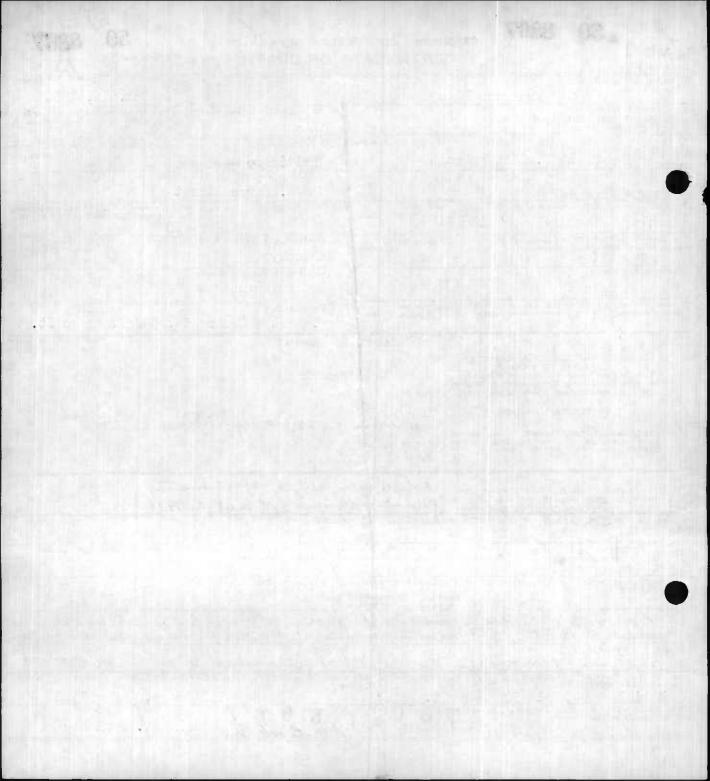
В	IRTH NO.	LIXIII ICAII	L OI DEATI		
(1	NAME OF DECEASED YPE OF Print) Harry W. King			2. DATE OCT.	16, 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived, I	f institution : residence before admission)
B. He	FULL NAME OF (If not in hospital or institution OSPITAL OR ISTITUTION 613 East 36th Street	location)			its, write RURAL and give township)
	length of stay in Baltimore	Yrs. Mos. Days		ss (If rural, give location) 36th Street	
	SEX 6. COLOR OR RACE   7. SINGLE.	MARRIED. D. DIVORCED (Specify)		1886 9. AGE (In years)	H Under   Year Ionths Days Hours Min.
worl C]	A. USUAL OCCUPATION (Give kind of 10B. KIND C k done during most of working life, eyep if ratired) hecker - Classified Als Sun	Papers OR Papers	11. BIRTHPLACE (S Baltimore,	tate or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
13	Samuel King		14. MOTHER'S MA		
15 (Ye	a, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	King, 613 East	ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			occlusioni nossi	INTERVAL BETWEEN ONSET AND DEATH
LC	TO THE DISEASE OR CONDITION CAUSING IT.	INDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA		E OF INJURY (e. g., in, factory, street, office bldg., e			
	FINJURY	E. INJURY OCCURRI		INJURY OCCUR?	
	22. I hereby certify that I attended the de deceased alive on 14, 1950, an	d that death occur		from the causes and on	
	AA. BURIAL CREMA- DN. REMOVAL (Specify)	C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
	ate received by registran's signature of 171950	Loudon Par	25, FUNERAL DIRI Um. Cook		Maryland ADDRESS 11 Street
	VS 150	3906	U		0944



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	8867
gistered No	

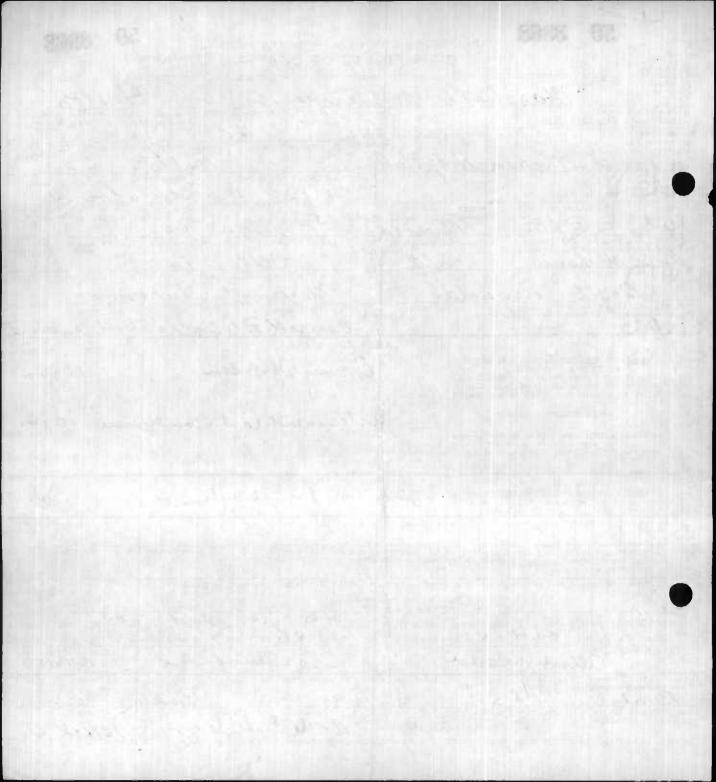
В	IRTH NO.				E O. DEATH				
	NAME OF E					2. DATE			
			rances whi	te	OF Oct. 15, 1950				
	Baltimore	City, Marylan	d		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
В.	FULL NAME			ion, give street address or	Maryland				
II.	SPITAL OR	017 17	a al	location)	c. CITY OR TOWN (If	outside corporate limits	s, write RU		
1	.0	27 N	Carey Str		Baltimore	22-0	) 2	township)	
G.	ength of s	tay in Baltimo	ore	Yrs. Mos. Days	538 W. Barre S	,			
	SEX	6. COLOR OR F	ACE 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year	If Under 24 Hours	
	female	white	Wigot			last birthday) Mo	nths Days	Hours Min.	
worl	done during most	CUPATION (Give of working life, even if a WLIE	kind of 10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZ WHAT	EN OF COUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N.	AME	11.5		
		unknown			unknown				
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT	1A	DDRESS		
(10	(II yes, give war or dates of service) SECURITY NO.				Mrs. Martha Cast			St.	
	18. 600:	D and	170x	CAUSE	OF DEATH		INTERV	VAL BETWEEN	
	0		ION DIRECTLY				ONSET	AND DEATH	
	(This does	LEADING TO	DEATH node of dying, e.g	. Ures	na				
	heartiallu	re, asthenia, etc.	It means the diseas	e,	•••••••••••••••••••••••••••••••				
				.,			A P		
7		ANTECEDENT	CAUSES	Chron	ic sycloneph	irlis			
ō	DISEASE	S OR CONDITIO	NS, IF ANY, GIVIN			······································			
AT		TING CONDITIO							
10				(C)		***************************************			
ERTIFICATION	OTHER	11	ONDITIONS	Portelle as	nerelized carcii	would air			
ER	TRIBUTING	TO THE DEATH,	BUT NOT RELATE		remone of it breat				
U		F OPERATION	I 198 MA IOR	FINDINGS OF OPER		m 1970	1.00		
AL	ISA. DATE C	OF OFERATION	198. MAJOR	FINDINGS OF OPER	ATION		1	AUTOPSY?	
Ü,	2 IA. ACCIE	ENT WAS UND	FR. 21B. PLA	ACE OF INJURY (e.g., is	n or   21c. WHERE DID (1	If in Baltimore City, g	YES L	location)	
MEDICAL	LYING OF	R CONTRIBUTION		erm,factory,street,office bldg.,e	NJURY OCCUR?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ID. TIME	(Month) (Day) (	(Year) (Hour)	2 IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?			
	A RESIDE		m.	WHILE AT NOT WHILE					
	22. I hereb	u certify that	I attended the	deceased from 15	June 1949/10 /	5 Oct , 1950	O that I I	ast sam the	
		live on 14 OU		and that death occur	Ged at 9 Am. from t	he causes and on th	e date st	ated above	
	284. SIGNA	TURE 1 1			3B. ADDRESS	1	23c. DA	TE SIGNED	
	mil		ming	М. D.	601 Winaus			150	
	N. REMOVAL (S		ATE ()	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
	burial	10/1	13/50	St. Peter's		altimore, 1	arylar	nd	
	ATE RECEIVE		RAR'S SIGNATU	ME (10 0 0 1	25. FONERAL DIRECTOR		ADDRESS		
	OCT 17	1950 7	Julivator	Tillianis, Mi	Hm. Book Dec	1217 St. P	ul Str	reet	
	VS 150		- 4 -						



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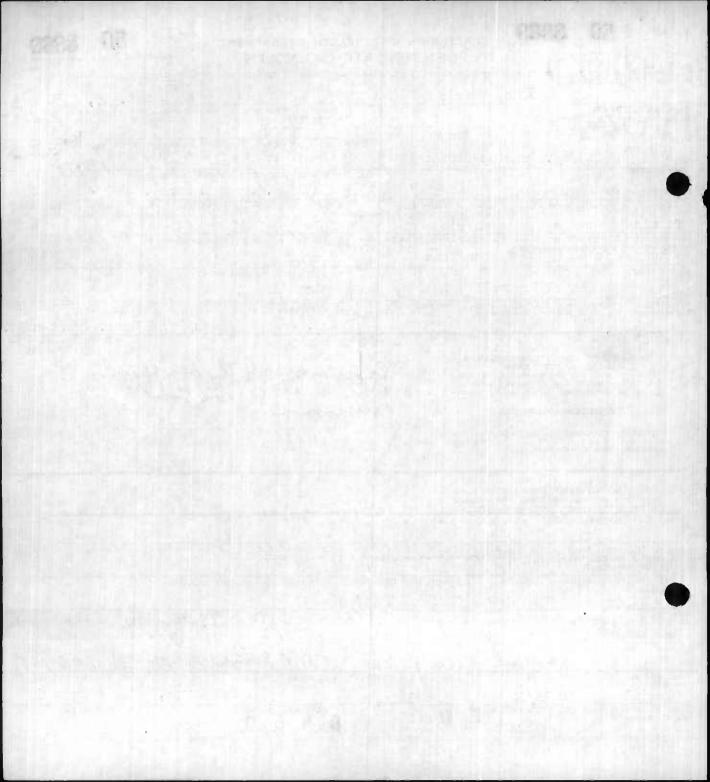
### BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DE Type or Print)		shal	16 9. R.	eunolds	2. DATE OF DEATH	4/50
	PLACE OF DE Baltimore Ci	ATH:			A. USUAL RESIDENCE		institution: residence before admission)
	FULL NAME C	F (If not in hosp	ital or institut	ion, give street address or location		( /6"	-00
	STITUTION	Luther	an A	Coshital	c. CITY OR TOWN	If outside corporate limits	s, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (	If rural, give location)	1 4
		ay in Baltimore		Days	839 n.	Bentat	ou V.
2	Mala	White	WIDOW	E, MARRIED. FD. DIVORGED (Specify Harriza	8. DATE OF BIRTH	9. AGE (In years line) last birthday) Mor	Under I Year If Under 24 Hours nths Days Hours Min.
wor.	A. USUAL OCC	UPATION (Give kind working life, even if retire	of 10B. KIND	OF BUSINESS OR		foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	S. FATHER'S N	rehauce		0561	14. MOTHER'S MAIDEN	, Pa.	
	Vin	ail R	cund	de	14. MOTHER'S MAIDEN	Un Know	)
15 (Ye	. WAS DECEASED	EVER IN U. S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	No			SECORITY NO.	Marshall F. R.	ynulds 839	H. Brutabu J.
	18. 420	1/ 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION	ATH	Gr	versey Theornbo	ai.	107000
	heart failure	not mean the mode e, asthenia, etc. It me complication which	eans the disease	e, (A)			
		NTECEDENT CAL		.) DUE TO	+ 0		
Z	PARTIE NAMED			(B) UI	Charlest (did	in Vocaled Desa	4. 10ys.
OF.	RISE TO TH	OR CONDITIONS, E ABOVE CAUSE (A NG CONDITION I	) STATING TH	IG IE DUE TO			
ICA	ONDEREN	No constitution !		(C)			
TIF	OFUED SI	11		-1 - 1	A	,	,
CERTI	TRIBUTING	GNIFICANT CONE TO THE DEATH, BUT EASE OR CONDITION	T NOT RELATE	D	so I myll so	Abhan Win	3 webs.
AL C		OPERATION			RATION 5 A	KHENOUS	20. AUTOPSY?
DICA	21A. ACCIDE	NT WAS UNDER-	218. PLA	CE OF INJURY (e. g.,	in or   21c. WHERE DID	(If in Baltimore City, g	ive exact location)
MED		CONTRIBUTING	2 . 1 .	arm, factory, street, office bldg.,			,
	F INJURY	fonth) (Day) (Yea		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereby	certify that I a			9/25 , 1950/ to_	Our 14 195	that I last saw the
	deceased alia	ve on Orl			rred at 4 F. m., from	the causes and on th	e date stated above.
	23A. SIGNATU	albert &	Much	M. D.	238. ADDRESS Elmon	In Are	23C. DATE SIGNED
24	4A. BURIAL, CF	HEMA- 248, DATE		24C. NAME OF CEMETE		LOCATION (City, town,	,
	Buria	1 4	8/50	St. / 8	1870	Balto.	Md.
	ATE RECEIVED DCAL REGISTR		R'S SIGNATU	DEGLEG AG	25. FUNERAL DIRECTOR	8 / 0,	ADDRESS T
=	OCT 1 71	900		Julian Julian	1 - 1001 Ju	E. 1217 ST. 1	स्पर् ।
	VS 150			5500	F3	0	93d



## 1140 50 8869, BALTIMORE CITY HEALTH DEPARTMENT

NAME OF DECASED (Type or Print)  ROSE Loe Mafale  3. PLACE OF DEATH Raitimore City, Maryland  8. FULL NAME OF (If not in hospital or institution, give street address or location)  10.18 E. Preston Street  10.19 E. Preston Street  10.19 E. Preston Street  10.10 E. Preston	В	IRTH NO.			CERTIFICATI	E OF DEAT		4 110
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or bootston)  1.013 E. Preston Street  On the complete of	(7	NAME OF D Type or Print)		Lee Mafa	ale		OF O	15, 1950
DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELEATED  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELEATED  TO THE DISEASE OR CONDITION DIRECTLY  UNDERLYING CONDITION LAST. (C)  21. ACCIDENT WAS UNDER:  LYNGG OR CONTRIBUTING CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELEATED  TO THE DISEASE OR CONDITION LAST. (C)  22. AUTOPSY?  WHAT COURSE  (E)  DISEASE OR CONDITION LAST. (C)  13. MAJOR FINDINGS OF OPERATION  24. ACCIDENT WAS UNDER:  LYNGG OR CONTRIBUTING CONDITION LAST. (C)  25. HOW WHILE A CONTRIBUTION CON	3	. PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESIDE	NCE (Where deceased lived,	. If institution ; residence
S. SEX SEX SEX SEX SECOLOR OR RACE S. SEX	B.	FULL NAME OSPITAL OR	OF (If not in hospit		location)	Maryland		mits, write RURAL and give
S. SEX   G. COLOR OR RACE   7. SINGLE MARRIED   Days   1.018 E.   Preston Street	0		TOTO F. LLE	BELON DE				
Ton. USUAL OCCUPATION (Givaled of Married of					Mos. Days	1018 E.	Preston Street	
10. SUND OCCUPATION (Givenided)  10. SIND OF BUSINESS OR OWN home  10. SATHER'S MAIDEN NAME  Samuel Trammell  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. SOCIAL  (Yes, no or unknown)  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  (This doe La ADING TO DEATH INTERVAL BETWEEN Heart failure, athenia, etc. It means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS IF ANY, GIVING RIE TO THE DEATH, BUT NOT RELATED  TO THE DISEASE, CAUSE IAI STATING THE  UNDERLYING OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. LYING OF CONTERBUTING  20. AUTOPSY?  WORN  10. SULL INJURY OCCURRED  10. SOCIAL  10. SOCIAL  11. BRITHPLACE (State or foreign country)  Virginia  14. MOTHER'S MAIDEN NAME  AMADEL SAMUEL TRAMBEL  14. MOTHER'S MAIDEN NAME  AMADEL SAMUEL TRAMBEL SAMUEL		female	white	Mam	ED. DIVORCED (Specify)		last birthday)	Months Days Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  16. York  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Itmeans the disease, injury or complication which caused death.)  DISEASE OR CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION AST.  OTHER SIGNIFICANT CAUSES  DISEASES OR CONDITION AST.  (C)  OTHER SIGNIFICANT CAUSTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION AST.  (C)  THE DISEASE OR CONDITION AST.  (C)  TO THE DISEASE OR CONDITION CAUSING TO THE DISEASE OF CONDITION CAUSING TO THE DISEASE OR CONDITION CONDITION CONDITION CAUSING TO THE DISEASE OR CONDITION CONDITIO	10 wor	k doneduring most	of working life, even if retired)		. INDUSTRY	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or unknown)  (If yes, give wer of dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Mrs. Joseph Gillespie, 1018 E. Preston St  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. Itemaens the disease, injury or complication which caused death.)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE 1A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e. g., in or 2 lic. WHERE DID INJURY OCCUR?  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCCUR?  21d. Horeby certify that I attended the deceased from Major States of the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John, m., from the causes and on the date stated above deceased alive on John and that death occurred at John and John State Signing Major State Sta	13	FATHER'S	NAME	1			IDEN NAME	
SECURITY NO.   SECURITY NO.   Mrs. Joseph Gillespie, 1018 E. Preston St		- was assessed					?	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OR OPERATION  11 OTHER SIGNIFICANT CONDITION CAUSING IT.  12 ACCIDENT WAS UNDER LYING OR CONTRIBUTING SOFT INJURY (e.g., in or 2 Lic., WHERE DID CAUSE OF DEATH  21 ACCIDENT WAS UNDER LYING OR CONTRIBUTING SOFT INJURY (e.g., in or 2 Lic., WHERE DID CAUSE OF DEATH  21 ACCIDENT WAS UNDER LYING OR CONTRIBUTING SOFT INJURY (e.g., in or 2 Lic., WHERE DID CAUSE OF DEATH  21 ACCIDENT WAS UNDER LYING OR CONTRIBUTING SOFT INJURY (e.g., in or 2 Lic., WHERE DID CAUSE OF DEATH  21 ACCIDENT WAS UNDER LYING OR CONTRIBUTING ABOUT HOME, farm, factory, street, office bidgs, etc.)  10 THE (Month) (Day) (Year) (Hour) 21 E. INJURY OCCUR?  21 A HORNE OF DEATH  22 I hereby certify that I attended the deceased from Work Now WHILE AT WORK AT WORK  22 A SIGNATURE  24 A. BURIAL CREME 24 D. DATE  10 AT RECEIVED BY REGISTRAN'S SIGNATURE 24 C. NAME OF CEMETERY OR CREMATORY CALL CREME SIGNED STRANGE OF CEMETERY OR CREMATORY CALL CREME STRANGE OF CEMETERY OR CREMATORY CALL CREME STRANGE OF CEMETERY OR CREMATORY CALL	(Ye	o, no or unknown)	(If yes, give war or date	D FORCES?				
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210. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 15 Dec 19 P, that I last saw the deceased alive on 19 P, to 19 P, to 19 P, to 19 P, that I last saw the deceased alive on 19 P, to 19 P, to 19 P, that I last saw the deceased alive on 19 P, to 19 P, to 19 P, to 19 P, to 19 P, that I last saw the deceased alive on 19 P, to 19 P, that I last saw the deceased alive on 19 P, to 19 P,		LYING OF	CONTRIBUTING				ID (If in Baltimore City	
while at work work at	Σ	21D. TIME (		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
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deceased alive on 1950, and that death occurred at 8:51. m., from the causes and on the date stated above  23A. SIGNATURE  23B. ADDRESS  24C. DATE SIGNED  16 04 (970)  24A. BURIAL, CREMA 24B. DATE  TION, REMOVAL (Specify)  burial  24B. DATE  24C. NAME OF CEMETERY OR CREMATORY  24D. LOCATION (City, town, or county)  Baltimore,  Baltimore,  DATE RECEIVED BY REGISTRAR'S SIGNATURE:  125. FUNERAL DIRECTOR  ADDRESS		22. I hereb	u certify that I att	tended the		his 19 T	1/10 15 Del 19	T that I last sam th
23A. SIGNATURE  Somul Fluf M. D.  23B. ADDRESS  16 04 (97)  24A. BURIAL, CREMN 24B. DATE  110N, REMOVAL (Specify)  burial  DATE RECEIVED BY REGISTRAR'S SIGNATURE:  23B. ADDRESS  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  (State)  Baltimore,  Maryland  DATE RECEIVED BY REGISTRAR'S SIGNATURE:  25. FUNERAL DIRECTOR  ADDRESS						red at 8: 5 m.	from the causes and on	the date stated above
burial 10/18/50 Baltimore Baltimore, Maryland  DATE RECEIVED BY REGISTRAR'S SIGNATURE: 25. FUNERAL DIRECTOR ADDRESS			TURE	1 1			Preson St	23c. DATE SIGNED
burial 10/18/50 Beltimore Baltimore, Maryland  DATE RECEIVED BY REGISTRAR'S SIGNATURE: 25. FUNERAL DIRECTOR ADDRESS					24c. NAME OF CEMETE	RY OR CREMATORY		wn, or county) (State)
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OCT 1 71000 Thutwater Milanes Milanes Man. Color One 1217 St. Paul Street		OCAL REGIST	RAR I	ari dim	MA 1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	25. FUNERAL DIR	00	
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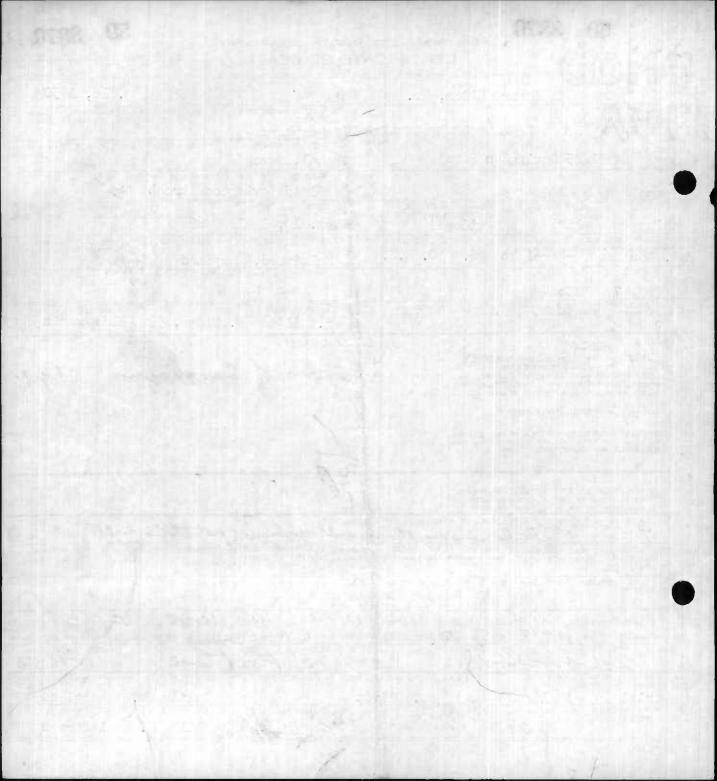


VS 150

350  BALTIMORE CITY HE  CERTIFICATE	
BIRTH NO.	- OF BEATH
1. NAME OF DECEASED (Type or Print)  Edward Biden, Sr.	2. DATE OF Oct. 16, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission  Maryland
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
1445 Covington Street	Baltimore 24-0 township
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	1445 Covington Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AGE (In years   If Under I Year   If Under I Year   If Under I Year   Months Days   Hours Min
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, evan if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Ret. Conductor - reign t B. & D. R.H.	Baltimore, Maryland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Biden	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. William E. Biden, 5909 Chinguapin Pkw
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON.	inoma of Esophogus 145.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
	all sophogus à metalasis mabel yes No le
21a. ACCIDENT WAS UNDER. LYING PAR CONTRIBUTING CAUSE OF DEATH  21b. PLACE OF IN WRY (e. g., in about home, farm, factory, street, office bldg., et about home, farm, factory,	
DF INJURY OCCURRE  WHILE AT NOT WHILE	21F. HOW DID INJURY OCCUR?
m.   work   AT WORK	7 44/ 10 -11
22. I hereby certify that I attended the deceased from	- 7 ,1942, to 10-16 , 1950, that I last saw th
	red at 6 A.m., from the causes and on the date stated above
and Selling -	38. ADDRESS 70) E. Fort Cure.   23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER	
burial 10/19/50 Mt, Olivet	
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	
LOCAL REGISTRAR Huntivator Williams, Marie	Wm. Good nc. 1217 St. Paul Street

203 50

046a



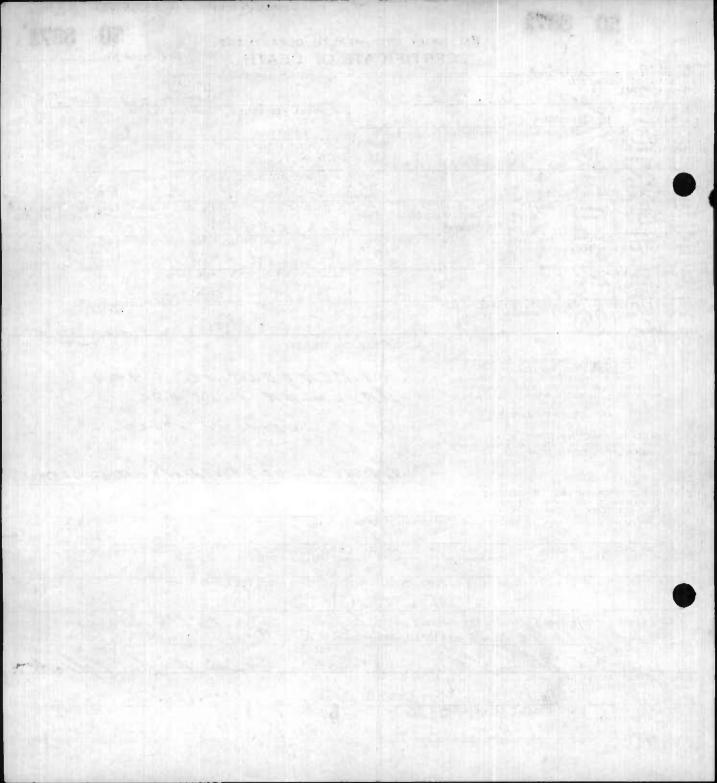
(	250	BALTIMORE CITY HE	EALTH DEPARTMENT	50	8871			
В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.				
	NAME OF DECEASED Type or Print)	E. Mc Gowan		2. DATE OF DEATH 10 - 1	6-50			
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W					
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION	al or institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, wr	rite lauRAL and give township)			
	entine Charles	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	4			
	Length of stay in Baltimore	Mos.	Jenkins Mem.	25-11.1				
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Months   Months	1 Year   If Under 24 Hours   Days   Hours   Min.			
10	A. USUAL OCCUPATION (Givekindof	widowed 108. KIND OF BUSINESS OR	9-24-1861	89	b 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	k doneduring most of working life, even if retired)	INDUSTRY	An an olis	oreign country) 12.	WHAT COUNTRY			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	1.00			
	John Trains		Months. V	Watkins				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMEI	FORCES?   16. SOCIAL sof service)   SECURITY NO.	17. INFORMANT	ADDR	ESS			
	No 1	no	Joseph Me	C+0000 - 221	, Popler Ho			
	18. 443X	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea	TH of dying, e. g., one the disease	PEATENSI		·			
	injury or complication which caused death.) DUE TO HAS CULAR DISEASE C							
Z		(B) C 6 A	UGESTIVE	FAILUR	£			
CATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
F		(C) GEA	SERALIZED	BATERIO	SCLEANIS			
ERT	OTHER SIGNIFICANT CONDITERING TO THE DEATH, BUT	NOT RELATED						
0	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?			
Y					YES NO			
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)			
M	21D. TIME (Month) (Day) (Year) OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?				
	22. I hereby certify that I att	m.   WORK   AT WORK	195010	10/16,1959th	at I last san th			
		_, 19.50, and that death occur	red at 2:15 R from ti	he causes and on the d	ate stated above			
	23A. SIGNATURE		3B. ADDRESS		BC. DATE SIGNED			
	Colen H.	Than M.D.	No. agua	- //apl. /	0/16/00			
TI	AA. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE		OCATION (City, town, or	(State)			
6	Burial   10/19/50	New Cathedra	al Cem   Balt	to., Md.	7			

DATE RECEIVED BY LOCAL REGISTRAR

10/19/50 REGISTRAR'S SIGNATURELLA

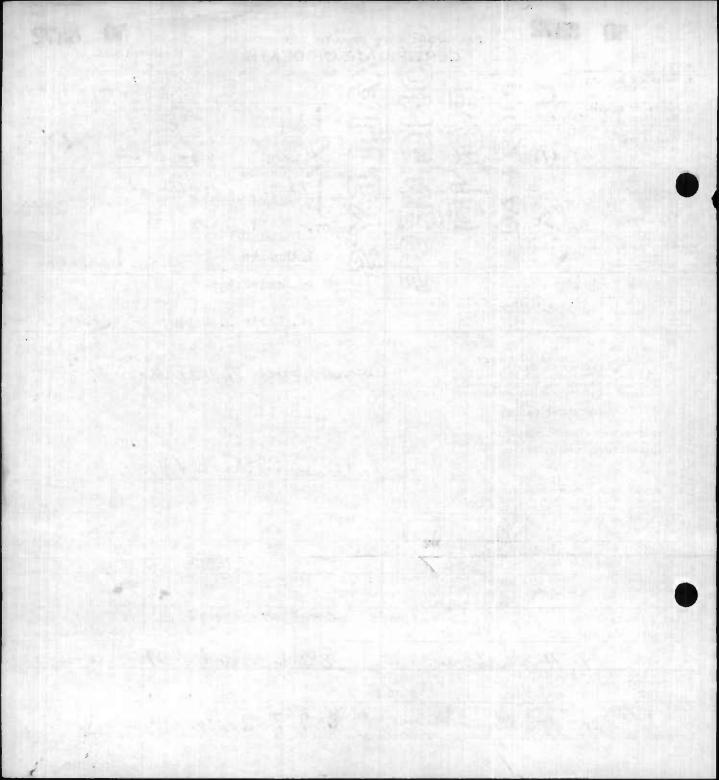
New Cathedral Cem Balto., Md. 2 FUNERAL PIRECTOR

ADDRESS



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH N	10.	- 68		CERTIFICAT	E OF DEATH	Registered	No.	
1. NAME (Type or	OF DECE	ASED	1/4 D 4			2. DATE		
` '			MARY N	MARGARET BERG		DEATH OT	1.15,19	
	more City	H: , Maryland			4. USUAL RESIDENCE	E (Where deceased lived, I B. COUNTY)		idence dmission)
B. FULL	NAME OF		ital or institu	tion, give street address or	md.	Bath	) .	,
HOSPITA	Annual Street St	741, -	2 . 1	location)	C. CITY OR TOWN	(If outside corporate lim		and give
00	/	24 W	rayer		gago.	4-02		CO (4 11.74117)
				Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)		
Lengt 5. SEX		in Baltimore		E. MARRIED.	124 W.	Foyeth St		77 75 75
-	male	LOLOR OR RACE	WIDOV	VED, DIVORCED (Specify)	8. DATE OF BIRTH		fonths Days Hou	nder 24 Hows urs: Min.
1/		PATION (Give kinds		4 Noway	Nov. ?	about 61		
vork done dur	ring most of wor	king life, even if retired	DB. KINL	O OF BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN	
	USEWL TE			•	Lithuamia		unkrew	m
	aul Yos			No manual series	Mary Kazlaus			
						nas		
Yes, no or u	DECEASED E	VER IN U. S. ARMI If yea, give war or dat	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
no					Mrs. Marie	R. Bailey 36	N. Bernic	e Ave
18.	1.74	× .		CAUSE	OF DEATH		INTERVAL ONSET AN	
		OR CONDITION				1 1	, *	J JEAN
	his does not	ADING TO DE	of dying, e.	$g_{i}$ , $g_{i}$ $g_{i}$	remona a	1 aterus	yes	7
inj	art failure, a jury or con	asthenia, etc. It me application which	caused deat				,	
	AN'	TECEDENT CAL	ISES					
Z				(B)				
		R CONDITIONS,						
A UN	NDERLYING	G CONDITION 1	AST.					
Ē				(c) Qu	teinschurk	i CVD.	reo	10
F OT	THER SIGN	III IIFICANT CONE	DITIONS CO	N -			0	
W TR	HEUTING TO	THE DEATH, BU	T NOT RELAT	ED				
-				FINDINGS OF OPER	ATION		20. AUT	OPSY?
Y.		4					YES	NO [
	ACCIDENT,	SUICIDE, Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City,	give exact locat	ion)
Σ	(1.	,	wadat adiad,	and the coordinate of the control of	THOUSE OCCORY			
210.7	TIME (Mon	ith) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?		
	4501(1		m.	WHILE AT NOT WHILE			W.	
22.1	hereby co	ertifacthat I at		deceased from	about, 1979, to	(DT 15 105	D that I lant	2011 44
					red at IP. m., fro	m the eauses and on	the date state	d ahone
23A.	SIGNATUR	50	1 +		3B. ADDRESS		23c. DATE	
	/	4. Thia	hste	M. D.	888 W. L	owhol H.	10-16-	-10
24A. BU	RIAL, CREM	AA 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town	n, or county)	(State)
Bi	urial	10/18/	/50	Loudon Parl	k	Balto., Md.		
	CEIVED BY	Y   REGISTRAR	'S SIGNATI		25 FUNERAL DIRECT		ADDRESS	/
LUCAL F	REGISTRAR		the stor	Milliadus, M. D	3/m. X 2	clover & Van	or sult	7).
- UU	150	14			1.000		N	Ma
(5	.50	25				a	401	
							701	

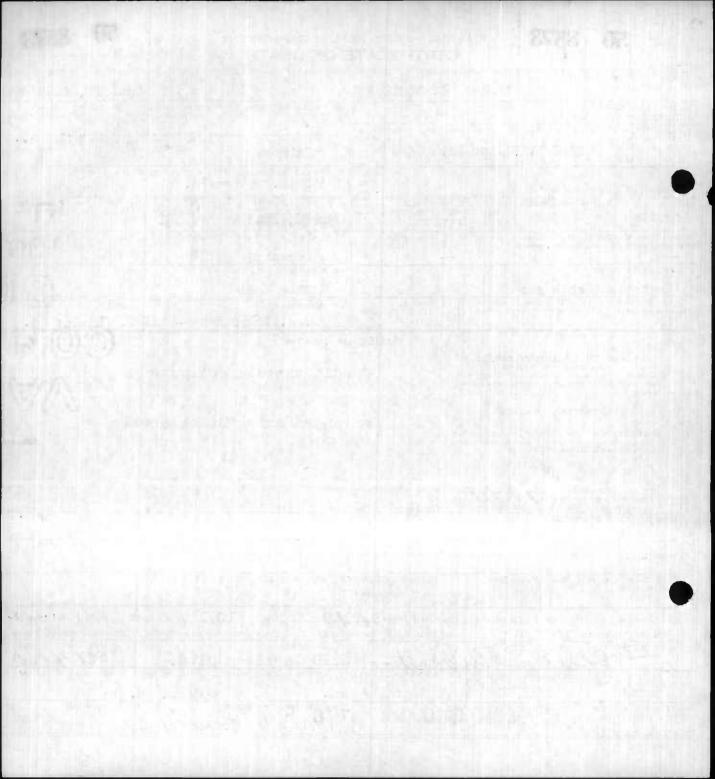


50 8873

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

.50 8873 Registered No.

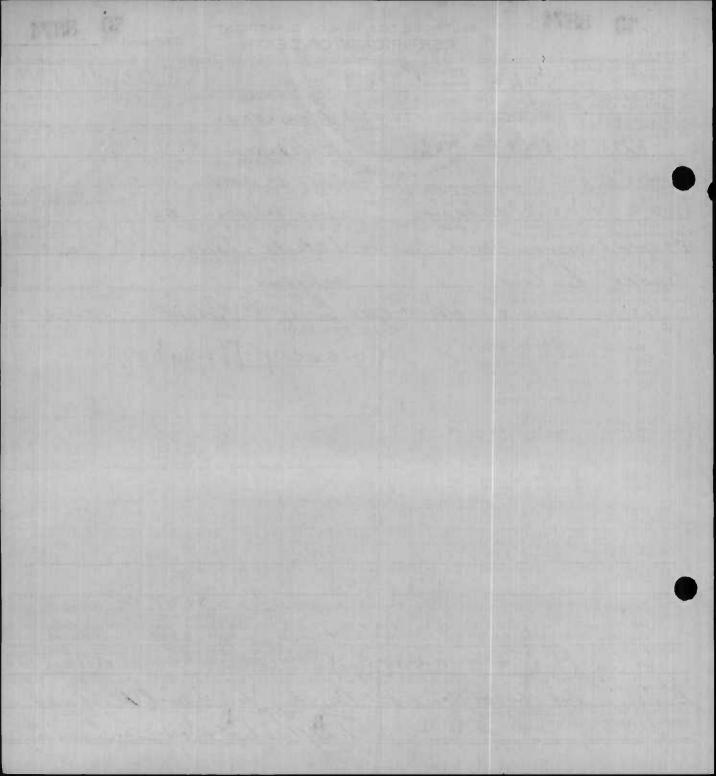
101	ICTPT 140.							
1. (T	NAME OF E	DECEASED	ANNA L	K. SCHLEUNES		2. DATE OF DEATH Oct.	15, 1950	
Α.	PLACE OF D Baltimore (	City, Maryland	s] or institut	ion, give street address or	4. USUAL RESIDENCE		stitution: residence before admission)	
H	STITUTION	3520 N. H		location	c. CITY OR TOWN (Baltimore	If outside corporate limits,	write RURAL and give township)	
	ength of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (M rural, give location) 3520 N. Hilton Rd.			
	sex female	6.COLOR OR RACE white	MIDOM	E. MARRIED, VED, DIVORCED (Specify) L VOCCOO	June 3, 1868	9. AGE (in years lift) last hirthday) Mont	der i Yeer hs: Days   If Under 24 Hours Hours   Min.	
		CCUPATION (Give kind of of working life, even if retired)	IOB. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Germany	foreign country)   1:	2. CITIZEN OF WHAT COUNTRY	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME		
		an Schleunes			Mattie Noll			
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	no			no	Mr. J. Louis	Raap - 215 N. (	Charles St.	
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						9/21/49 to 10/185	
ERTIFICATION	RISE TO UNDERL	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT COND G TO THE DEATH, BUT	F ANY, GIVING THE	NG DUE TO	vanced arteri	o sclerosis		
U		OF OPERATION 0 1		FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLA	ACE OF INJURY (c. g., in farm, factory, street, office bldg., c	o or 21c. WHERE DID stc.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)	
M	2 1D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUI	RY OCCUR?		
	22. I herel	ny certify that I att live on YO/5/5	ended the	deceased from 9/2 and that death occur	149 , 19 , to 1, from 3B. ADDRESS	0/15/50, 19_, the causes and on the	that I last saw the	
	23A. \$1GN	reller 2	Du	West M.D.	2220 Garrison	Blvd.	OUT/6/30	
Tie	on, REMOVAL (	Specify)		Lorraine	RY OR CREMATORY 24b.	oodlawn, Md	county) (State)	
	CT 1 710		S SIGNATIVE		JAM. T. W.	ener & Sais	ADDRESS	
	VS 150						093d	



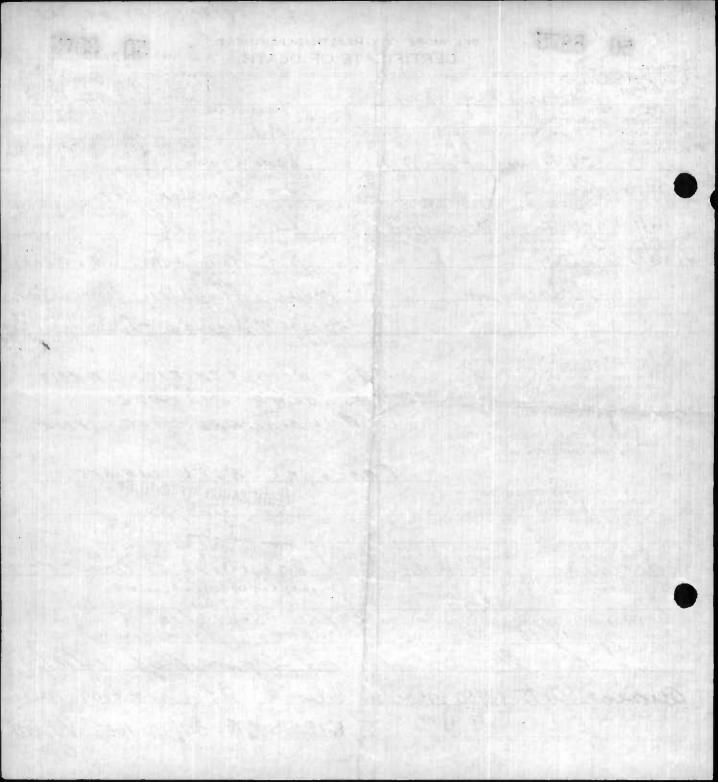
correct age is especially important. Physicians: piease write the causes of death clearly and egibly.

### CERTIFICATE OF DEATH Registered No. BALTIMORE CITY HEALTH DEPARTMENT

13	IRTH NO.			CERTITION I	E OF BEATT			
1.	NAME OF DECE	ASED JOH	u E	. Colvi	n	OF DEATH OCY.	16,1950	
Α.	Baltimore City	, Maryland			4. USUAL RESIDENCE	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)	
H	FULL NAME OF OSPITAL OR ISTITUTION			on, give street address o location		If outside corporate limits,	write RURAL and give township)	
0	1217	W. Not	191	70e.	o. STREET ADDRESS (1	f rural, give location)	3	
	Length of stay			) 6 Non. Days	1215 W. NOR	The HUES		
1	MO/e 6.0	SOLOR OR RACE		MARRIED, ED, DIVORCED (Specify	B. DATE OF BIRTH	9. AGE (In years last birthday) Mon	ths Days Hours Min.	
10 wor	A. USUAL OCCUP k done during most of wo	ATION (Give kind of king life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	ARING GI	gircer.	Mercho	ent Maxire	14. MOTHER'S MAIDEN	NAME	11519.	
1	Chark	lockoi.	N		UNKNOWN			
(Ye	5. WAS DECEASED E	VER IN U. S. ARMED If yea, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD:	DRESS	
	18. 420.1	1010		CAUSE	OF DEATH	1	INTERVAL BETWEEN	
	LE	OR CONDITION DEAT	H	Co	rondry Th	tombosis		
	heart failure, a	mean the mode of sthenia, etc. It mean aplication which ca	as the disease	2,			/···	
	AN	FECEDENT CAUS	ES					
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
1	UNDERETING	CONDITION LAS	> 1 .	(6)				
RTIFIC		II IFICANT CONDIT						
1:1	TRIBUTING TO							
O	19A. DATE OF O	PERATION 19	B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?	
AL							YES NO	
EDIC	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Double home, farm, factory, street, office bldgetc.)  CAUSE OF DEATH.  21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID 1NJURY OCCUR? (If in Baltimore City, give place) injury occur?							
Z	210. TIME (Mon OF INJURY	th) (Day) (Year) (	W	1E. INJURY OCCURS HILE AT WORK AT WORK		RY OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy, aspection of inquiry							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural equies ☐, accident ☐, suicide ☐, homicide ☐, und							
	23A. GIGNATURI	. H. K	am	me, di	238. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER	4. 16, 1950	
TI	AA. BURIAL. CREM	A- 248, DATE	2	4C. NAME OF CEMETE		LOCATION (City, town, or	r county) (State)	
A D	ATE RECEIVED BY	Oct. 19-1	950 W	CW KIRK	25 FUNERAL PIRECTOR	KIRK-OKL	ahoma.	
	OCAL REGISTRAR		ual IV		1. 19 Williabiet	1 Soul-13001	extant A 7	
VS	151			2400	*(+ 1)	094	1a V.	
				7 7	9	, ,		



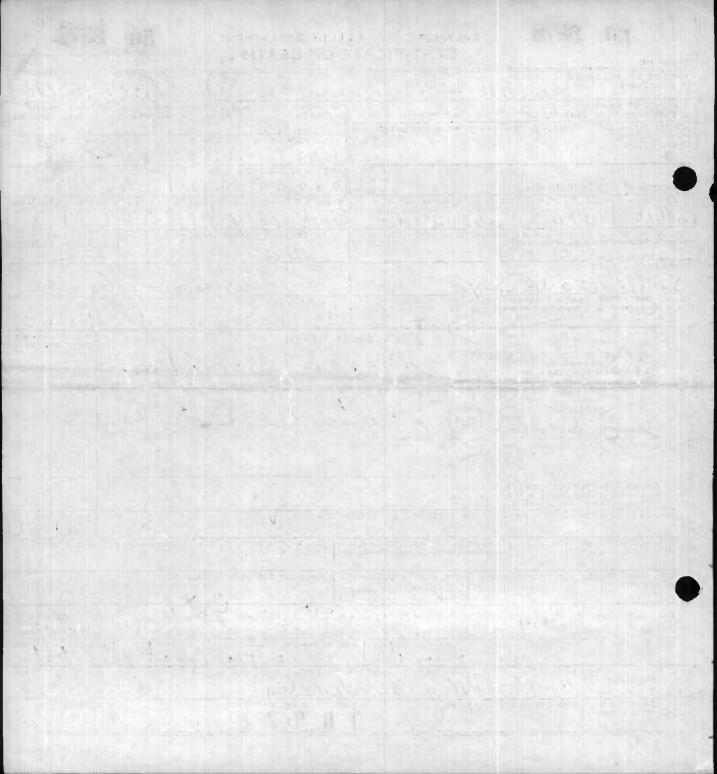
For APPROVAL BY MED. EX. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 8- P.m. I. NAME OF DECEASED 2. DATE (Type or Print) OF WOLSH LUGEN BEEL DEATH Oct. 15- 1930 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Steman HOSPITAL OR location) (If outside corporate limits, write HURAL and give INSTITUTION LONSCLOWNE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE B. DATE OF Widowed 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? one Duties FATHER'S NAME Blackburn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO CAUSE OF DEATH 020 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., A ARTE PISSCLEPITIC CARDIOheart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UASCULAR DISEASE ANTECEDENT CAUSES E PULMONARY CONGESTION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FRACTURE BOTL WRISTS CERTIFICATION APPROVED BY 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY M. D. 21c. WHERE DIER ASSITMANDIATING City, sine exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) accident Front Voech at ON FRONT PORCH - FELL OFF 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 11 50 21E. INJURY OCCURRED NOT WHILE 530Am 22. I hereby certify that I attended the deceased from 10 190010 10 1950, that I last saw the deceased alive on 11/16 19 1. and that death occurred at 8 ich m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURJAL, CREMAoward to. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 186a are



M-632

### BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registeret	. 110,		
(1	NAME OF D	SAR	AH	E. MURD	och	2. DATE OF DEATH	ct. 16-1950		
3.	PLACE OF DI	EATH: City, Maryland	442	Edwardson	USUAL RESIDENCE	Where deceased lived.	If institution : residence		
В.	FULL NAME OSPITAL OR			tion, give street address or	mad	B. COUNTY	before admission)		
	STITUTION			location)	c. CITY OR TOWN	(If outside corporate lin	its, write RUPAL and give		
Ш	10			Yrs.	DIT 6 1 11/1 (	OR C	) 03		
	enoth of st	tay in Baltimore		Mos.	D. STREET ADDRESS	(If rural, give location)	V ARCE		
5.	SEX	6. COLOR OR RACE		E, MARRIED,	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year   II Under 24 Hours		
0	MILLE	White	1216	VED, DIVORCED (Specify)	7-18-1869		Months Days Hours Min.		
vor]	A. USUAL OCC	CUPATION (Give kind of working life, even if retired	of 10B. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
9 10	11-60-6		atten		111d:				
13	FATHER'S N	1- 10			14. MOTHER'S MAIDEN	NAME			
1.5	JOHN	GOUR	L. Ey		5-	10 1 /	GOURLOY		
(Ye	e, no or nnknown)	D EVER IN U. S. ARM! (If yes, give war or dat	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1-11	ADDRESS		
				Sections.	Then 11 sta	4-160	MALLE		
	18. 420	2,1		CAUSE	OF DEATH		INTERVAL BETWEEN		
		E OR CONDITION		A -	1//		ONSE! AND DEATH		
	(This does	not mean the mode	of dving, e.	en (erPe	BIPAITER	UISTR 17199.	e		
	heart failui	re, asthenia, etc. It me complication which	ans the disea	se.	······································				
					1	1 1			
z	ANTECEDENT CAUSES  (B) ARTER 1050/2012 CVD								
2	DISEASES OR CONDITIONS, IF ANY, GIVING								
ATION	UNDERLY	ING CONDITION L	) STATING T .AST.	HE DUE TO					
FIC									
2		11							
E E	OTHER SIGNIFICANT CONDITIONS CON-								
U	TO THE DISEASE OR CONDITION CAUSING IT.								
4	19A. DATE OF	FOFERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
2	21A. ACCIDE	NT. SUICIDE.	218. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City	YES NO NO		
EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						, give chace location)		
Σ	21p. TIME ()	Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID INJU	IRV OCCUR?			
	OF INJURY	(-40)		WHILE AT   NOT WHILE	T	A OCCORT			
m.   WORK   AT WORK						() c X			
	22. I hereby certify that I attended the deceased from Nov, 1943to 300 18 , 1950hat I last saw the								
	deceased alive on 30017, 1950, and that death occurred at 32 m., from the causes and on the date stated above								
	23A. SIGNAT	URE	2011	2	3B. ADDRESS	1 4	23c. DATE SIGNED		
24	A. BURIAL, C	DEMA   OAT DATE	10/	MUND.		12 t MEKI	10/16/50		
	N. REMOVAL (SI		8- (-	24c. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, tow	n, or county) (State)		
5	TE BECTIVE	- /	/	I Will CPITTE	1717 L COM	1 C/8 1	1114 11 3 1119		
	ATE RECEIVED CAL REGISTA		'S SIGNATI	JRE	25. FUNERAL DIRECTO	R	ADDRESS		
	Teat	-0	4 71		1901910	16.0 Y-11VL-	1600 HOLLIA		
17	C VS 150	30	12 Jane	Williams, M.		1 .			
1		Last	Lucker	I MANAGORA I	Albert Co.		093d		

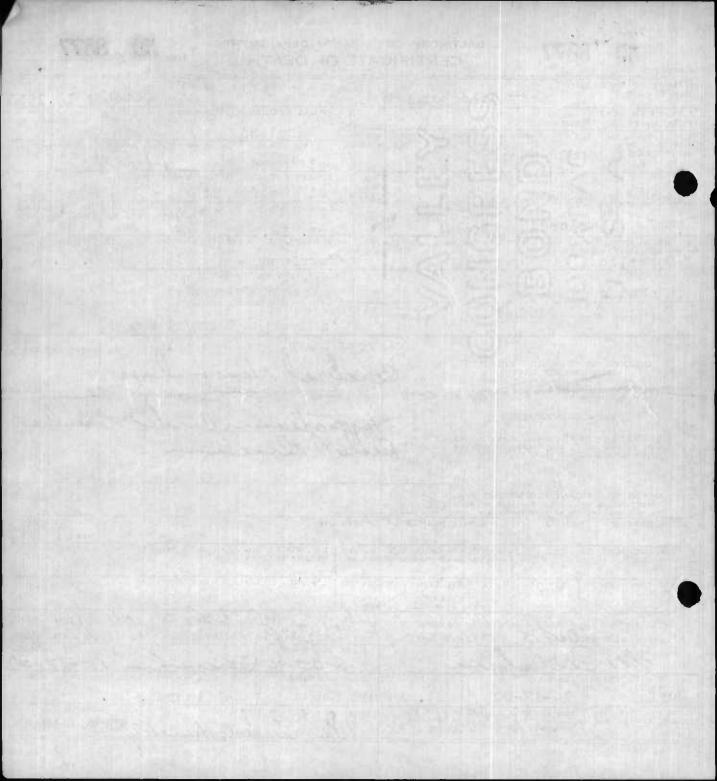


G-432 50 8877

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BIRTH NO.	CERTIFICATI	E OF DEATH	registered .			
1. NAME_OF DECEASED			2. DATE			
(Type or Print) Hary Gold	sborough			ober 13,1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived, It B. COUNTY	f institution : residence before admission)		
B. FULL NAME OF (If not in hospital or institut	ion, give street address or	Maryland				
HOSPITAL OR INSTITUTION 618 George S	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
olo George S	) t.	Baltimore	17-	(D) township)		
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore	Days	618 Geofge				
T WIDOW	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	Il Under I Year   If Under 24 Hours on the Days Hours Min.		
Female Colored Wido	<b>१</b> रा	Sept. 15 1878	75			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Domestic Mai	d	Maryland		U. S. A		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Unknown		Rachel Johnson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS		
	SECORITI NO.	M's Bertha H	ammond			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  DUE TO  (B)  DUE TO  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	ACE OF INJURY (e. g., i farm, factory, street, office hidg.,		(If in Baltimore City,			
OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK  deceased from			Othat I last saw the		
deceased alive on Oct 13, 1950	and that death occur	red at 5 37 Pm., from				
23A. SIGNATURE	2	3B. ADDRESS		23c. DATE SIGNED		
1001 Ewiles	M. D.	0 00 0	un a	10-17-50 n. or county) (State)		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) RUTIAL 10-17-50	24c. NAME OF CEMETE Mt. Auburr		ltimore , I	id.		
DATE RECEIVED BY   REGISTRAR'S SIGNATIL		25 FUNERAL DIRECTOR		ADDRESS		
OCT 1 71050	aule, M. 2	Meximousid	T. Herralos	78 W. Biddle St.		
VS 150		TI PILOT. COO	7			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION JOHNS HOPKINS HOSPITAL More Yrs. D. STREET ADDRESS (If rural, give location Mos. ength of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years) last birthday) Months: Days Hours: Min. de Par MAS 19A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMAN ADDRESS ROPKIRS KOSPITAL (Yes, no or unknown) SECURITY NO. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH HALAMIC 2 YEARS (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) .... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e. g. in or ebout bome, farm, factory street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 10 - 14-1950to 10 - 15 , 1950, that I last saw the deceased alive on 10 - 15-, 1950, and that death occurred at 152 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) TION, REMOVAL (Specify) Bures DATE RECEIVED BY 25 FUNERAL DIRECTOR S SIGNATURE LOCAL REGISTRAR

VS 150

NOT to be copied on transcripts -- FOR STATISTICAL PURPOSES ONLY:

Was this a male, at tumor of the brain?

If so, was the the primary site?

If secondary, please specify primary site,

" Provisional Anatomical Diagnosis:

History of sudden death due to ?hypersensitivity to paraldehyde. Pulmonary edema.

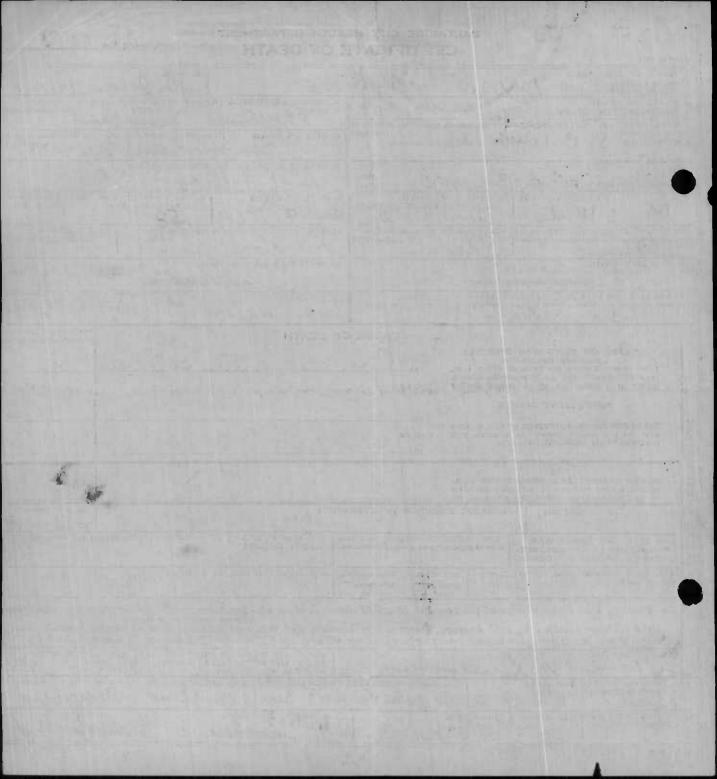
Neoplasm of the brain. History of left hemiparesis. Muscular atrophy of left half of body with scoliosis to left. Left hydatid of Morgagni and bilateral cysts of the ovaries."

See Document File 50-8878 1/22/1951 ES

Nov January Market Comment

Rote

CERTIFICATE CORRE	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH Registered No. 08/
1. NAME OF DECEASED RVAN Mc	GEE 2. DATE OF October 14, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland So. BALto HOSP. D.  B. FULL NAME OF (If not in hospital or institution, give street address	A. USUAL RESIDENCE (Where deceased fived, If institution; residence B. COUNTY before admission)
HOSPITAL OR S. Baltimore General iocati	
ength of stay in Baltimore 3 mos. Mos.	15-DI Williams ST
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Property of the Color	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR work done during most of working life, even if retired)  Stall	RY DANIMA (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or datas of service) SECURITY NO	17_INFORMANT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION 20. AUTOPSY?
UNDERLYING ☐ OR CONTRIB.  UTING ☐ CAUSE OF DEATH.	
ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY  MORK NOT WH AT WORK	ILE[]
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural cau	above, held an Autopsy, Inspection or Inquiry  r Inquiry, find that said deceased died on the day stated above,  ses A accident , suicide , homicide , undetermined .
Stanley H. Durlailier	ASSISTANT MEDICAL EXAMINER
TION REMOVAL (Specify) Oct 19-50 Washingto	n Nath Cem. Suitland (Mary and
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	W.W. Chambers Co- Washington D. G.
V \$351 1 71950 544 3	A 0942 V



50-	8880
BIRTH NO.	23

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

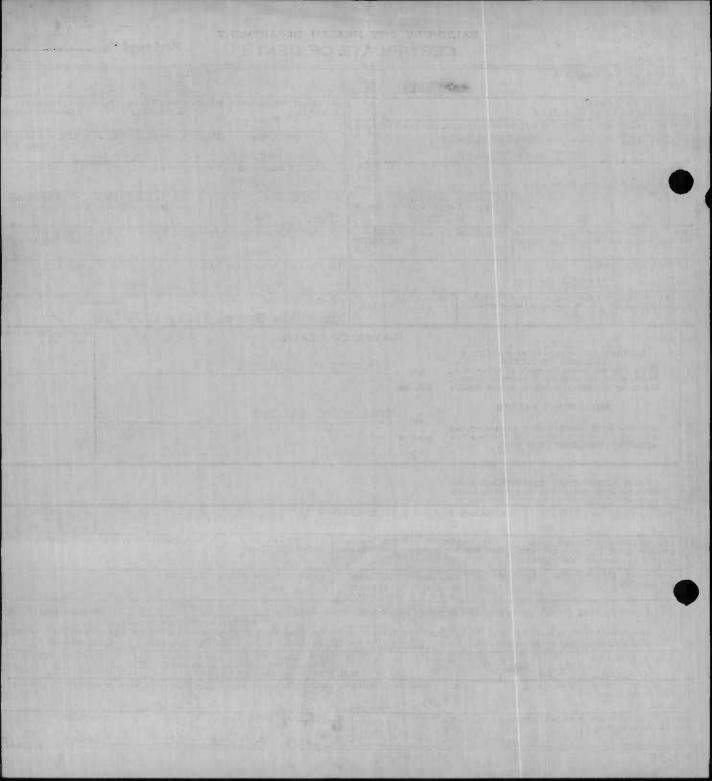
X	50	) ,	8880
Re	gistere	No	)

_ B	IR IN INC.							
1.	NAME OF D'ype or Print)	NONA OS	SIE WA	TKINS		2. DATE OF DEATH Octo	ber 16, 1950	
A.		City, Maryland	-1 1 114		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
H-		US Marine Pk. Drive &		ion, give street address or L location)	c. CITY OR TOWN	77 (4,7)	ts, write RURAL and give township)	
	ength of a	stay in Baltimore	20	O days Yrs.  Mos. Days	D. STREET ADDRESS (1 3157 Chur	f rural, give location) chville Road	6235	
	SEX F	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. VED, DIVORCED (Specify): Married	8. DATE OF BIRTH 1/19/10	9. AGE (In years last birthday) M	H Under   Year   H Under 24 Hours onths Days   Hours   Min.	
1 C	A. USUAL OC done doring most	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or NC		12. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	NAME		
1.0		eld Kestermar			Ella Blev	ins		
(Ye	, no or unknowo)	ED EVER IN U. S. ARMEI (If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT Records-US Ma		DDRESS Balto.Md.	
	18. 121	12 1/1	1		OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				g., (A) Peri	carditis, chroni	C	ONSET AND DEATH	
RTIFICATION	RISE TO	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING TI	ve part	operative state ial thoracotomy a ectomy	following and peri-	4 days	
F		11		(6)			***************************************	
CER	TRIBUTIN	SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATI	ED .				
			98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CA	-	1/50		cardial adhesion			YES X NO	
MEDIC	HOMICIDE	ENT. SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., iz arm, factory, street, office bldg., e		(If in Baltimore City,	give exact location)	
OF INJURY OCCURRE WHILE AT NOT WHILE				WHILE AT NOT WHILE	E			
	22. I hereby certify that I attended the deceased from Sept. 26, 1950, to Oct. 16, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 6:50A m., from the causes and on the date stated above.  23A. SIGNATURE  John L. Wijson, Medical Director  M. D. US Marine Hospital, Balto, Md. 10/16/50							
2.	AA. BURIAL, ON, REMOVAL (	CREMA/ 24B. DATE			RY OR CREMATORY 24D. I			
				Badgers Fune	eral Home   We	st Jeffers	on, N.C.	
D.	ATE RECEIVE	D BY REGISTRAR			25 FUNERAL DIRECTOR	Mr Com y	ADDRESS	
=	VS 150	- Borbert Jose	Yell and	Will Comment of the C	and the second	n and I		
	VS 150				san Balleri	1. 1.	hill	

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M, orton, M	Fract entrak 35-absone/	paton .
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	10. 100 p 81 p 61 .4 m	

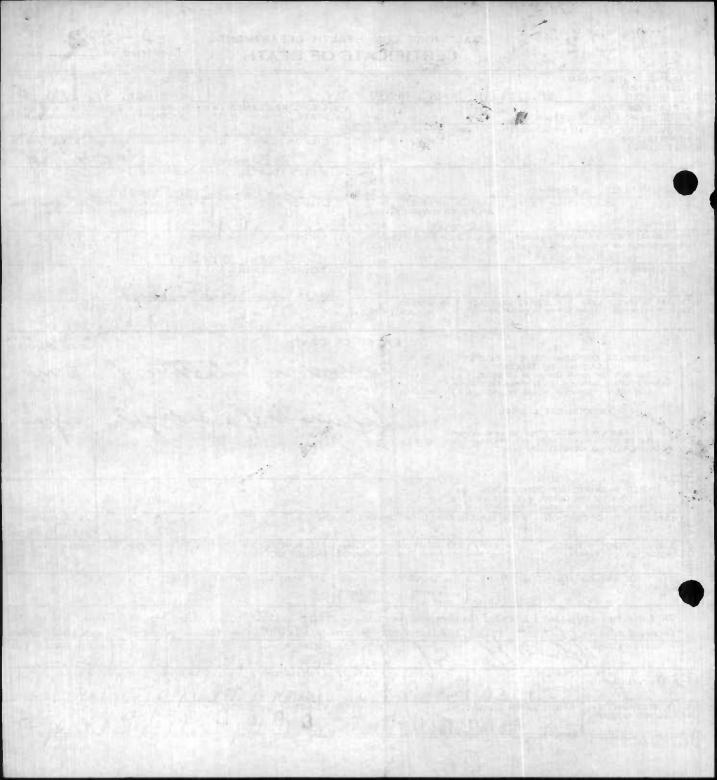
# BALTIMORE CITY HEALTH DEPARTMENT 50 - 888

В	IRTH NO.			CERTIFICAT	E OF DEAT	Н	Registere	d No	
	NAME OF D	ECEASED		,			2. DATE		
[ (°	Type or Print)	M	ACON ST	PAUL BROY	·N		OF .	tober 16	5. 1950
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDE	ENCE (W	here deceased lived	L If institution	: residence
	FULL NAME		al or institut	tion, give street address or		as	B. COUNTY	L	ore admission)
	OSPITAL OR	S. S. Mob				(If	outside corporate l	imits, write RU	
4	6	Maryland	Drydock		Beln	nont			township)
				Yrs. Mos.	D. STREET ADDRE	ESS (If r	ural, give location	)	
		tay in Baltimore		Days			ne Street		
5	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED, VED, DIVORCED (Specify)			9. AGE (In years last birthday)	Months: Days	Hours Min.
_	Male	White		larried	Jan. 4, 190		49		
MOL	k done during most c	CUPATION (Give kind of working life, even if retired)	11 33 13 11	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or for	reign country)	12. CITIZ	ZEN OF T COUNTRY
-		WALP	016	TANKER	Texa				
13	B. FATHER'S N				14. MOTHER'S MA	IDEN NA	ME		
-		Jimmie Brown			Unkr	nown			
(Y	m, no or unknown)	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
_					Mrs. Ella Bi	rown,	Wife, 2098	Tulane	Street
	18.420	11		CAUSE	OF DEATH				VAL BETWEEN
		SE OR CONDITION						01132	I AND DEATH
	(This does	LEADING TO DEA	of dying, e.		ary occlusion	1	*************************	***********************	
		re, asthenia, etc. It mes complication which							
		ANTECEDENT CAUS	SES						
7				(B)	dial infarct	<u>.</u>	***************		
ő	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	NG HE DUE TO					
AT	UNDERLY	ING CONDITION LA	ST.	(C)	*************************************		*********************	•••••	
2		11							
ERTIFICATION		IGNIFICANT CONDI							
ER		TO THE DEATH, BUT ISEASE OR CONDITION					***************************************		***********
U	19A. DATE O	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION			20. /	AUTOPSY?
AL			1		Loss Wilenes	10 (76	to Delit	YES	X NO
EDICAL		IAL CAUSE WAS		ACE OF INJURY (e. g., I farm,factory,street, office bldg.,			in Baltimore Cit	y, give exact	Joeation)
		AUSE OF DEATH.							
Σ	OF INJURY	Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT TO NOT WHILE	ED 21F. HOW DID	INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE					
	22. I eertij	fy that I took char	ge of the	remains described o	bove, held an	Auto			n and from
	the evi	dence obtained by	said Auto	psy, Inspection or l			nspection or Inqui ceased dicd on		ated above.
	and de	ath in my opinion	resulted f	rom: <u>natural causes</u>	🖾, aecident 🖂,	suicide [	, homicide	, undetermi	ned [].
	23A. SIQNAT	TURE //	1		23B. CHIEF ME ASSISTANT ME		20 0 0 0 0 0 0 0 0 0 0 0	23c. DATE S	
	Wull	in 1/ Novilla	7	M 24c. NAME OF CEMETE	D. MEDICAL INVE	ESTIGATO		October	16, 1950 (State)
Ti	A. BURIAL. C	REMA- 246, DATE pecify)		24C, NAME OF CEMETE	RT OR CREMATORY	24b. LO	CATION (City, to	wn, or county)	(State)
	unial	10xt 21	19501	Blaumas	I /exas	FOTOS	/loxas	ADDEE	6
L	CAL REGIST	RAR REGISTRAR	SIGNATU	70 (1)	20. FUNERAS DIR	CIOR	,	ADDRES:	
L	1 1 7 1950	hunting	Ton I'll	lianis, Min	John h. W	ever	401 1:	hester	+ Africe
V	S 151	0		76455			094	1	1/
				, , ,			1/		



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

1.	ATH NO.		
(T	NAME OF DECEASED ype or Print)	2. DATE	
(1	Mr. Austin Joseph Healy	Sh DEATH Oct. 17.	1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institu	tion : residence before admission)
H	FULL NAME OF (If not in bospital or institution, give street address ) SPITAL OR , locatio STITUTION		RURAL and give
11	St. Joseph's Hospital	Baltimore 8-0	township)
	Yrs	s. D. STREET ADDRESS (If rural, give location)	
•	Length of stay in Baltimore Mos Day	vs   2103 E. Oliver Street	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Species)	8, DATE OF BIRTH 9. AGE (In years if Under 1) last birthday) Months: I	
10	Male White Married	ling-5-1889 61	
worl	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF HAT COUNTRY?
13	FATHER'S NAME		
0	t D & CD O	MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Jama Derland	
(Ye	no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. MFORMANT ADDRES	is (+
-		Danne Heary - 2103 C Www.	H 91
			SET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	venous it Titis of	6-
	(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	ie massing, 9	2 mg
-	ANTECEDENT CAUSES	rumana of ascerding colo	IMIA-
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING		
A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
E			
RT	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP	ERATION	
AL			20. AUTOPSY?
			20. AUTOPSY?
DIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		YES NO X
	HOMICIDE (Specify) about home, farm, factory, street, office bld	INJURY OCCUR?	YES NO X
	HOMICIDE (Specify) about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCUP OF INJURY	RRED 21F. HOW DID INJURY OCCUR?	YES NO X
	About home, farm, factory, street, office bld about home, farm, factory, street, office bld 2 ld. TIME (Month) (Day) (Year) (Hour) 2 le. INJURY OCCUR WHILE AT NOT WHI WORK AT WORK	RRED 21F. HOW DID INJURY OCCUR?	ves No X
	About home, farm, factory, street, office bld about home, farm, factory, street, office bld 2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCUP WHILE AT NOT WHI AT WORK AT WORK 22. I hereby certify that I attended the deceased from	RRED 21F. HOW DID INJURY OCCUR?	ves No X act location)
	About home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  MHILE AT NOT WHI WORK  22. I hereby certify that I attended the deceased from deceased alive on  10-17- 1950, and that death occ	INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  10-14-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat	no X act location)  I last saw the estated above.
	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE	Injury occur?  RRED 21F. HOW DID INJURY OCCUR?  10-11-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat 23B. ADDRESS   23c	ves No X act location)
M	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE  M. D.  34A. BURIAL. CREMA-1 24B. DATE  24C. NAME OF CEME.	INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  10-14-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat 23B. ADDRESS 23c	act location)  I last saw the sestated above. DATE SIGNED
M	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE  M. D.	INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  10-14-, 1950, to 10-17-, 1950 that curred at 8:2UAM., from the causes and on the dat 23B. ADDRESS 23C 1400 N. Caroline Street 10	act location)  I last saw the sestated above. DATE SIGNED
M	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHI  AT WOR  22. I hereby certify that I attended the deceased from  deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE  M. D.  ATE RECEIVED BY   REGISTRAR'S SIGNATURE	INJURY OCCUR?  RRED 21F. HOW DID INJURY OCCUR?  10-14-, 1950, to 10-17-, 1950 that curred at 8:2UAM., from the causes and on the dat 23B. ADDRESS 23C 1400 N. Caroline Street 10	act location)  I last saw the stated above. DATE SIGNED
B	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  The while at more with the accessed from deceased alive on 10-17-, 1950, and that death occ 23A. SIGNATURE  M. D.  A. BURIAL, CREMA- 24B. DATE  N. REMOVAL (Specify)  A. BURIAL, CREMA- 24B. DATE  A. REMOVAL (Specify)	RRED 21F. HOW DID INJURY OCCUR?  10-11-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat 23B. ADDRESS 23C  1400 N. Caroline Street 10  TERY OR CREMATORY 24D. LOCATION (City, town, or control of the course of the	act location)  I last saw the sestated above. DATE SIGNED
W	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHI  AT WOR  22. I hereby certify that I attended the deceased from  deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE  M. D.  ATE RECEIVED BY   REGISTRAR'S SIGNATURE	RRED 21F. HOW DID INJURY OCCUR?  10-11-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat 23B. ADDRESS 23C  1400 N. Caroline Street 10  TERY OR CREMATORY 24D. LOCATION (City, town, or control of the course of the	act location)  I last saw the sestated above. DATE SIGNED
W W	about home, farm, factory, street, office bld  2 ID. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHI  AT WOR  22. I hereby certify that I attended the deceased from  deceased alive on 10-17-, 1950, and that death occ  23A. SIGNATURE  M. D.  ATE RECEIVED BY   REGISTRAR'S SIGNATURE	RRED 21F. HOW DID INJURY OCCUR?  10-11-, 1950, to 10-17-, 1950 that curred at 8:20AM., from the causes and on the dat 23B. ADDRESS 23C  1400 N. Caroline Street 10  TERY OR CREMATORY 24D. LOCATION (City, town, or control of the course of the	act location)  I last saw the stated above. DATE SIGNED



50 888 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 -1. NAME OF DECEASED 2. DATE (Type or Print) OF Ams DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (if not in hospital or institution, give street address or B. FULL NAME OF INSTITUTION 28 HOSPITAL OR location He outside corporate limits, write RUAL and give enham Circi 1 move D. STREET ADDRESS (If rural, give location) Yrs. Ven length of stay in Baltimere Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) AGE (In years | | Under | Year | | Under 24 Hours last birthday) | Months: Days | Hours: Min. INO 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY none 1.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAM DS bev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO 4 cr. 28/2 mul NTERVAL BETWEEN 60.5 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. Prematurity H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY?

21A. ACCIDENT, SUICIDE, (Specify) HOMICIDE

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour)

21B. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

WHILE AT NOT WHILE!

WORK 22. I hereby certify that I attended the deceased from 8-1950 deceased alive on & and that death occurred at_

23A. SIGNATURE

238. ADDRESS 24C, NAME OF CEMETERY OR CREMATOR

21c. WHERE DID

INJURY OCCUR?

214 In., from the causes and on the date stated above.

(If in Baltimore City, give exact location)

23c. DATE SIGNED 8-19-50

. 1950, that I last saw the

TION, REMOVAL (Specify) 24B. DATE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

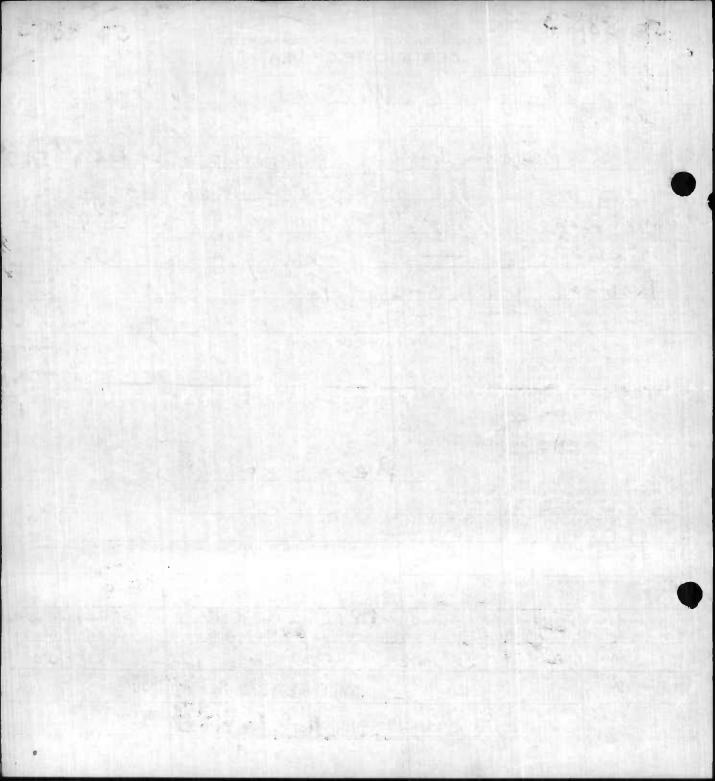
OF INJURY

EDIC

REGISTRAR'S SIGNATURE Bliders Min

21F. HOW DID INJURY OCCUR?

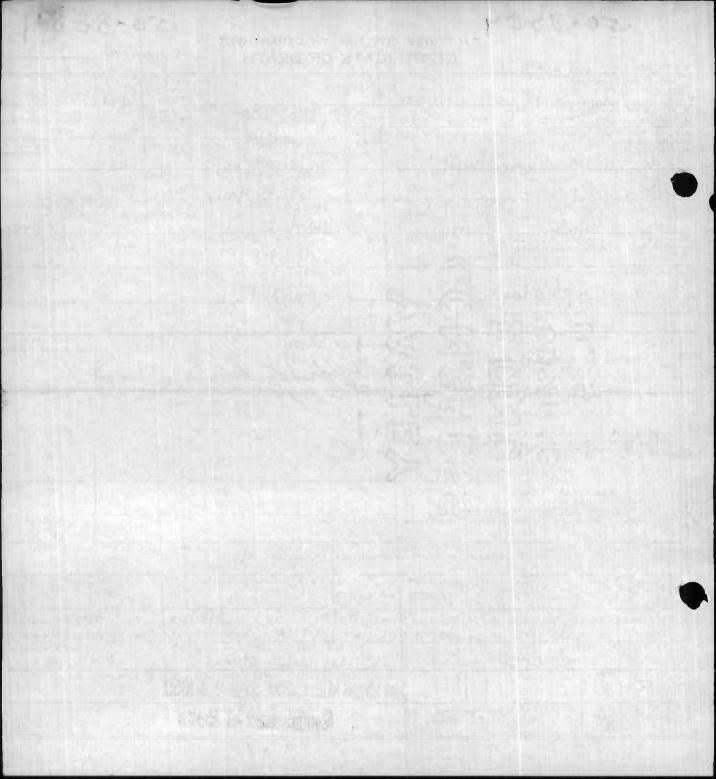
1950 to 8-19



3	2 m	Bay Star Sean	#
9	0 -	8	84
		00	

2.4.5	CEDTIFICATI	E OF DEATH	Registered N	Jo
BIRTH NO. 50 - 22 4 3 4	CERTIFICATI	E OF DEATH	Attgistered 1	10,
1. NAME OF DECEASED (Type or Print) Raby Roy S	ockrider		2. DATE OF DEATH	1150
A. Baltimore City, Maryland Baltin	ince ted.	4. USUAL RESIDENCE (	Where deceased lived, If B. COUNTY	institution : residence before admission
B. FULL NAME OF (If not in hospital or instit	ution, give street address or location)	C. CITY OF TOWN	If outside corporate limits	s write RUBAL and give
South Balti Hore General Ho	pital	Baltimore	21-0	township
	Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	
Length of stay in Baltimore	Days	139 McHer	x stree!	
	LE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Mo	nths Days Hours Min.
Male White Si	ngle	9/20/20		8 45
10A. USUAL OCCUPATION (Give kind of 10B. KII work done doring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
Edward T. Sockrider		Sadie Davis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disk injury or complication which caused dead anticolor of the complex of the comp	e.g., (A) Eryth Pase, ath.) DUE TO		alis- (d. tem)	gw)
C OTHER SIGNIFICANT CONDITIONS C  TRIBUTING TO THE DEATH, BUT NOT RELA				
O TO THE DISEASE OR CONDITION CAUSING	IT		***** *1*******************************	
1	R FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT, SUICIDE.   21B. P	LACE OF INJURY (e. g., in	n or   21c. WHERE DID	(If in Baltimore City, g	YES NO L
	e, farm, factory, street, office hldg.,		iii iii Dastimole City, g	give exact location;
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		Y OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby certify that I attended th	e deceased from 9	10\50 , 19 , to 0	12/150 , 19	, that I last saw th
deceased alive on 9121150 , 19	. and that death occur	red at 9:15A. m., from		
23A. SIGNATURE	2	38. ADDRESS	et	23C. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)	THE DE	RY OR CREMATORY 24D. I	LOCATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	1, 143	25 FUNERAL DIRECTOR		ADDRESS

VS 150

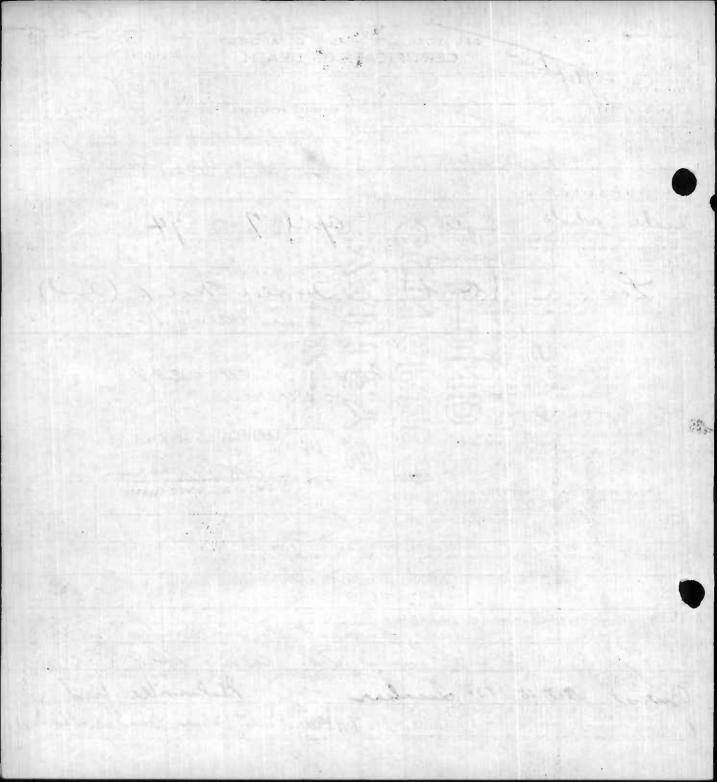


11	5- 杜	RIVAICATE	CORREC	TED_11-6-5	O FOR	APPROVAL BY M	ED. Ex.
	1- MM	3885	BAL	TIMORE CITY	HEALTH DEPART	· /	-8885
В	RTH NO.	or it	,~ (	CERTIFICA	TE OF DEAT	H Registered No	
(7)	NAME OF D ype or Print)	ECEASED	10/2/15	-Sm:7	-6	2. DATE OF	11 1050
	PLACE OF DE	EATH: City, Maryland	047,5		4. USUAL RESID	DEATH	stitution residence before admission)
B.	FULL NAME		pital or instituti	on, give street address location	or Mary An	d anne l	Vrundel
	STITUTION	St. Ffg	nes Ho	spital	c. CITY OR TOWN	(If outside corporate limits,	write HURAL and give township)
				Yrs Mos		ESS (If rural, give location)	
5	Length of st	tay in Baltimore		Day . MARRIED.		H   9. AGE (In years) () Ur	der 1 Year   It Under 24 Hours
1	male	white	Suyl	ED, DIVORCED (Speci	"april"		hs Days Hours Min.
WOE	done during most o	CUPATION (Give kind ( working life, even if retir	lof IOB. KND	OF BUSINESS OR		State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
1	FATHER'S	<u> </u>	piasos	cory	14. MOTHER'S M	AIDEN NAME	
	Lo	ij	De	id)	Homi	ex Welch (	deid)
(Ye	, no or unknown)	D EVER IN U.S. ARM (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT Bernurd	Herhaty Galas	
	18. 420	. 1		CAUSI	OF DEATH		INTERVAL BETWEEN
	- 1	E OR CONDITIO	N DIRECTLY				ONSET AND DEATH
	(This does	LEADING TO DE not mean the mod re, asthenia, etc. It n	e of dying, e.g	(A) A.	UTE C	ORONDRY	
	injury or	complication which	caused death.	DUE TO	CCLUSI	00	
7		ANTECEDENT CA	USES				
Ö	DISEASES	OR CONDITIONS	, IF ANY, GIVIN	(B) G E DUE TO	CER	RTIFICATION APPROVED BY	
I V		ING CONDITION		2 202 10	Dr.	John R. Davis	
F				(C)	per:	38 Froker M.	
ERTI	TRIBUTING	IGNIFICANT CON	IT NOT RELATE	D *3	<b>G</b> HI	EF OR ASST. MEDICAL EXAMINER.	u.
0		F OPERATION		FINDINGS OF OP	ERATION	à	20. AUTOPSY?
SAL.							YES NO
IEDIC	HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. a rm, factory, street, office bld			e exact location)
2	210. TIME (	Month) (Day) (Yes	ar) (Hour) 2	IE. INJURY OCCUP	RED 21F. HOW DIE	OCCUR?	
-			m.	WORK NOT WHI		1	
	22. I hereby certify that I attended the deceased from, 19, to, 19, that I lust saw the						
	deceased al		, 19, <i>a</i>	and that death occ	urred at U.33 m	., from the causes and on the	
	23A. SIGNAT	PRE	2/-1	In har I'm	238. AUSKESS	James Kest	23c. DATE SIGNED
2.	A. BURAL, C	REMA- 24B. DATE	2	4C. NAME OF CEME	TERY OR CREMATORY	240 LOCATION City, town, or	County) (State)
	REMOVAL (S	act 4	4 185	Lunhar		Holesville !	red
D	ATE RECEIVE		R'S SIGNATU	PF.C. C.	1 25 GUNERAL DE	RECTOR OF A	DDRESS
	nct 1	71950	iator 1411	Marita Ma	1.H.Mardie	by Im sale	solleled
	VS 150		4		,		00/
11				04 24			094a

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the causes of death clearly and

rrect age is especially important, ruysicians; piease



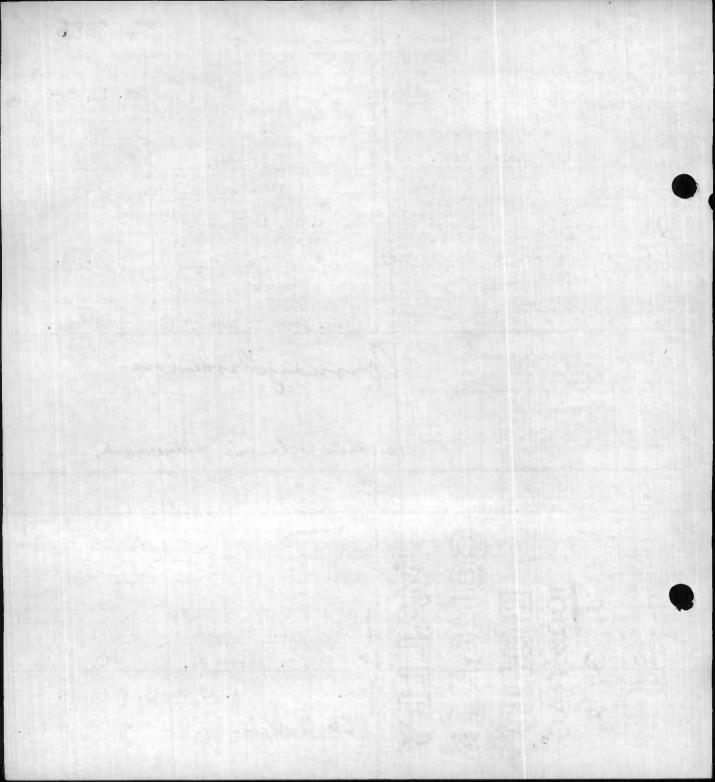
W-255 50-8886

#### BALTIMORE CITY HEALTH DEPARTMENT

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				CE	יו דוו א.	CAL	E OF DEAL	H	regis	tered r		
BIRTH NO.												
1. NAME OF (Type or Prin				673	4.5 4				2. DATE.			
(1) pc or 1111	~,	Ruc	dolph	T.	Wisems	an,		13/15	OF DEATH	Oct.	15, 1	950
3. PLACE OF		e . 1 . 1				1000	4. USUAL RESID	ENCE (W				
A. Baltimore			1				Md.		B. COU	NTY	befo	ore admission
B. FULL NAM		(If not in hospit	al or institu	ution, g		ocation)		. (10.				
INSTITUTION		7 00 6 at	7 1	n . 1		00441011)	c. CITY OR TOWN			ate limit	s, write RU	RAL and give
()0		1906 Ch	ersea :	Koad			Bal.	timore,		15-	09	oo waaaap
						Yrs.	D. STREET ADDR	ESS (If r	ral, give loca	tion)		
ength of	f stav in	Baltimore		1	ife	Mos. Days	1900	5 Chels	ea Road			
5. SEX		OR OR RACE	7. SINGL			Days	8. DATE OF BIRT		9. AGE (in		Under 1 Year	If Under 24 Hours
			WIDO	WED, I	DIVORCED	(Specify)						Hours Min.
male		white		dowe	r		Sept. 16, 18	001	05		1	
10A. USUAL	OCCUPAT	ION (Give kindof life, even if retired)	10B. KIN	D OF	BUSINESS		II. BIRTHPLACE	State or for	eign country		12. CITIZ	
		inisher.		Hat.	Factor	USTRY	Baltimor	o Md.			U.S.	T COUNTRY
13. FATHER'S		22011029		.10.0	140001,	<i>y</i>	14. MOTHER'S MA		45	1	0.00	22.0
	- /////		0.0110						VI E.			
		unki	nown				unkno	BIII.				
15. WAS DECE	ASED EVER	IN U. S. ARMED	FORCES?	16.	SOCIAL	777	17. INFORMANT			Α	DDRESS	
	(II ye	s, give wer or date	of service)		SECURITY			f T	- 1006			
no	1				none		Mrs. Frank l	A. Len	2,1900	Cuer		
18. 4	2011				CA	USE	OF DEATH				INTER	VAL BETWEEN
DISE	ASE OR	CONDITION	DIRECTLY	,			1	10	1		ONSET	AND DEATH
	LEADI	ING TO DEAT	TH		/	1	A A 1140	leson	sentro	267		
heart fa	oes not me	ean the mode o	ns the dises	g.,	(A)	10	ono yo					
injury	or complic	cation which c	aused deat	th.)	DUE TO		0					
	ANTEC	EDENT CAUS										
7	AMIEC	EDENT CAUS	ES									
DISEAS	SES OR CO	ONDITIONS, I	F ANY, GIVE	ING	(B)		***************************************		~~			* * * * * * * * * * * * * * * * * * * *
RISE TO	THE ABO	VE CAUSE (A)	STATING T		DUE TO	. 10			- 1		1.	
Y ONDER	LYING C	ONDITION LA	ST.		(0)	114	no Siles	res	· Kuja	orde	te,	
2												****************
Ē		11										
		CANT CONDI										
TO THE		OR CONDITION										h==
, 19A. DATE	OF OPE	RATION 1	9B. MAJO	R FIN	DINGS OF	OPER	ATION				1 20. /	AUTOPSY?
¥		2					-				YES	NO
0 314 456	IDEALT M	IAC HAIDED	2 In Pi	ACE (	OF INJURY	/ (a a is	or   21c. WHERE I	OLD (If	in Baltimore	o City o		
		AS UNDER-			actory, street, of				III Bartimor	e Oity, g	ave exact	iocation)
Z CAUSE C	F DEATH		T			-						
21D. TIME		(Day) (Year)	(Hour)	21E.	INJURY O	CCURRI	D 2 IF. HOW DIE	INJURY	OCCUR? -			THE STATE OF
F INJUR	ł Y	_		WHILE	AT NO	T WHILE						
			m.	WOR	K L A	T WORK L		A	, , , ,			
22. I her	cby certi	fy that I att	ended the	e dece	eased from	n_/6	190	Yto 10/	10	_, 1950	., that I l	last saw th
deceased	alive on	10/12	1950	and	that death	h occur	red at Pom	from the	causes ar			tated above
29A. 516				, coroca	1		3B. ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				TE SIGNED
N/I	10/1	· ACLA	lex	-1			7777 0 0	h = m7 = =	C+		10//	
244 848141	CREMA					I. D.		harles			10/	110
TION, REMOVAL	(Specify)	AB. DATE					RY OR CREMATORY		CATION (Ci			
buri	al	10/18/50	)	Но	ly Cros	ss Ce	m.	A. A	. Coumt	y, M	arylan	d.
DATE RECEI	VED BY	REGISTRAR'	S SIGNAT	URE	0		25 FUNERAL DIE	-			ADDRES	
LOCAL REGI	STRAR	ž.	7 5	U	U	10	18/ 9 8/	A	1,622	D1		
DCT 17	1950		, 11	1.		1	2. BUMMER &	monde	M - 4011	rark	Heigh	ts Ave.
VS 150		huntie	ton		MALL MA	1						,
		SULL POOL	*****		11/1/						093	d
		1	10		OCHROLIC .						1-	

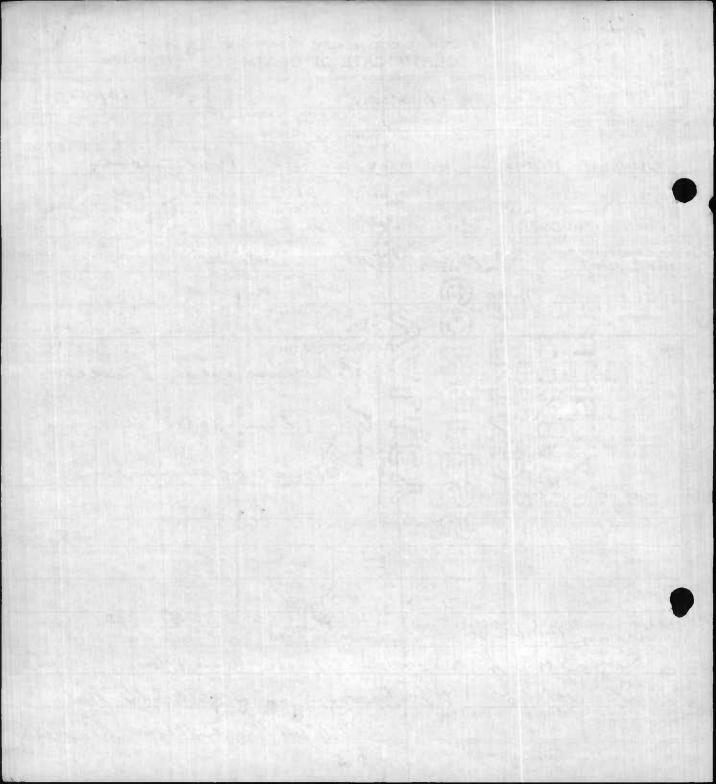


D-250 50-8887

## BALTIMORE CITY HEALTH DEPARTMENT

× 50-8887

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE
ALEXANDER DIEKSON	DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location	ma. Boltime
INSTITUTION	township)
CHURCH HOME & HOSPITAL.	D. STREET ADDRESS (If rural, give location)
3 Day Mos.	21 2 dale One
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years   N Under 1 Year   N Under 24 Hours
Male Will, WIDOWED, DIVORCED (Specify	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
Working the dol working life, even if retired Buthleson Little	Scotland. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Dick son.	Ungluown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
2/3-09-3540	Church House + Hospie
18. 204.0 , CAUSE	OF DEATH INTERVAL BETWEEN DISET AND DEATH
DISEASE OR CONDITION DIRECTLY	0
(This does not mean the mode of dying, e.g., (A)	Gereboorsenlar accident.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD	
ANTECEDENT CAUSES	1 1 -1 1- 1
O DISEASES OR CONDITIONS, IF ANY, GIVING	ler dymphatic lengema
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
Sister in the second of the se	B
[C)	Brown hop memoria.
OTHER SIGNIFICANT CONDITIONS CDN. TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT	PATION
7	RATION 20. AUTOPSY? YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (c. g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT. SUICIDE.  HOMICIDE (Specify)  about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
F INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	1950to 10/16/ , 1950 that I last saw the
deceased alive on 10/14, 19,50, and that death occu	rred at 6.209 m., from the causes and on the date stated above.
	23B. ADDRESS 23c. DATE SIGNED
male S. slatery M. D.	Glunch Home & Hosp. 10/16/80.
24A. BURIAL, CREMA- 24B. DATE 109, REMOVAL (Specify)	ERY DR CREMATORY 240. LOCATION (City, town, or county) (State)
Dunis 19/9/50 Jannie	
LOGAL REGISTRAR REGISTRAR'S SIGNATURE	25 FUNITAL DIRECTOR ADDRESS
0011/1950	unus plined nom hundalh
VS 150 Tentington Williams Mil	1 and
5443	772



50-8888 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE William Oct. 15, 1950 McMillion DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 348 E. 23号 Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years AGE (In years # Under I Year | # Under 24 Hours last birthday) | Months: Days | Hours; Min. I If Under 24 Hours Male Colored 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working lifeteven if retired) INDUSTRY WHAT COUNTRY? spool 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) 929. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Drowning (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YEB 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-UTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Jones Falls 2800 block Falls Rd. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY Fell into hole while wading in water WORK Oct. 15, 1950 abit. AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above.

and death in my opinion resulted from: natural eauses [], accident K, suicide [], homicide [], undetermined []. 23B, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE 23c, DATE SIGNED ASSISTANT MEDICAL EXAMINER.... Oct.

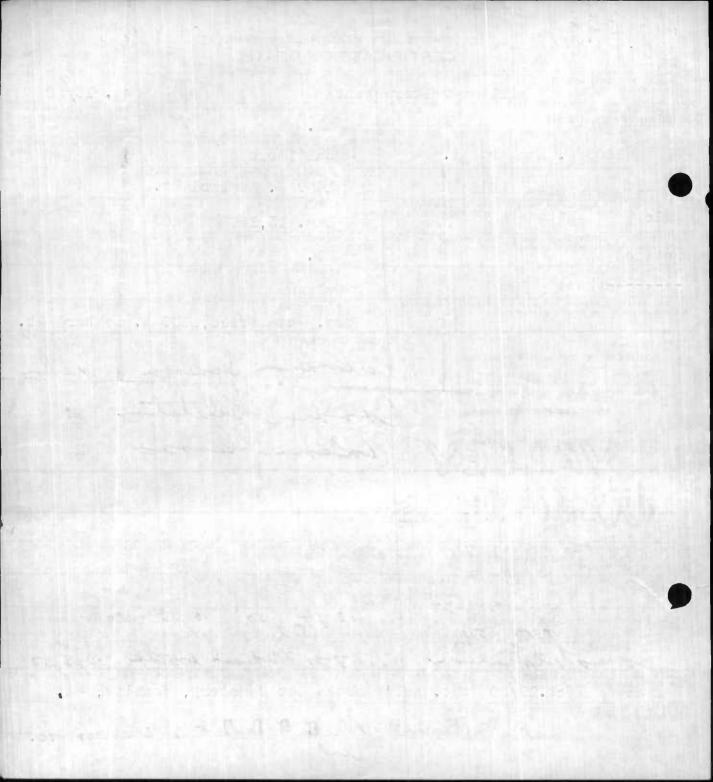
MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE 28 FUNERAL DIRECTO ADDRESS OTAL REGISTRAR

W-300 50-8889

# CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATE	E OF DEATH	registered	110
			La Dawn	
1. NAME OF DECEASED (Type or Print) Will:	iam Walter Whea	it	OF DEATH OC	t. 16/50
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, I B. COUNTY	f institution : residence before admission)
LIOSDITAL OF	nstitution, give street address or location)			
INSTITUTION 1609 W. Lombard		Baltimore (If	outside corporate limi	its, write RURAL and give township)
ength of stay in Baltimore	Yrs. Mos.	1609 W. Lomba	rural, give location)	/
Dength of stay in Dartinore	Days Days	8. DATE OF BIRTH	9. AGF tin years	H Under I Year   If Under 24 Hours
Male white	VIDOWED DIVORCED (Specify)	Aug. 15,1870	last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	
Wheat		Unknown	\$177 mm	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or nnknown) (If yes, give war or dates of ser	CES?   16. SOCIAL vice)   SECURITY NO.	17. INFORMANT		ADDRESS
	JECONTT NO.	rs. Etta Price	.1609 W. J	Lombard St.
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury ormplication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSE	rectly  ing, e.g., e disease, disease, death.)  DUE TO  (B)  (G)  (C)  (S)  (S)  (C)  (C)  (C)	Imanon De Imanon De Inicalia Seria Pela	dens Istation	INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0 19B. M	AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
I = I ZIA. ACCIDENT WAS IINDER. 1 ZI	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e	a or 2 IC, WHERE DID (I	f in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRI m. WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I hereby certify that I attended deceased alive on 10/14, 19 234 SIGNATURE  24 BUBAL, CREMA- 24B. DATE TION, REMOVAL (Specify) BUIL 181  251  265  275  265  275  275  275  275  275	d the deceased from	red at S- A. m., from the 3B. ADDRESS Medical	he causes and on October City, 1600	n, or county (State)
DATE RECEIVED BY REGISTRAR'S SIG		25. FUNERAL DIRECTOR	/	ADDRESS
- Tutwate	= Millialus, M. = X	ans 18 (8:27	4901 dmor	dson Ave.
		1		ATT 774 C 9



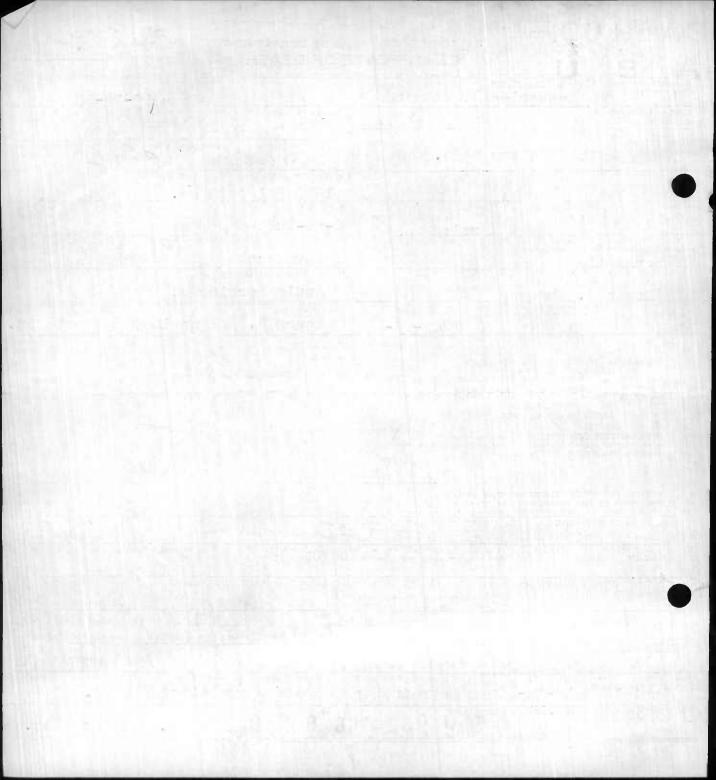
# H. 550 CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

50-8890 Registered No.

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED Catherine 2. DATE (Type or Print) OF Katherine F. Hohman DEATH 10-15-50 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 1650 Ralworth Rd. Beltimore D. STREET ADDRESS (If rural, give location Yrs Mos. ength of stay in Baltimore 1650 Ralworth Rd. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | || Under 24 Hours | last birthday) | Months! Days | Hours | Min. WIDOWED, DIVORCED (Specify) White Female 5-24-1883 Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Nova Scota Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Ferris Thomas J. Sheehan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Henry W. Hohman 1650 Ralworth Rd. 705-05-2971 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO alada de Lucara OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A DATE OF OPERATION O 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT -1450 MEDICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? YAULUI T NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from. , 19__, that I last saw the deceased alive on Seris, 190, and that death occurred at_ m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 234. SIGNATURE 24A. BURIAL, CREMA-24D. LOCATION (Outv. town, or county) 24B. DATE TION, REMOVAL (Specify Burial Baltimore 10-18-50 Lorrain Park Cemetery Md. DATE RECEIVED BY 5. NUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

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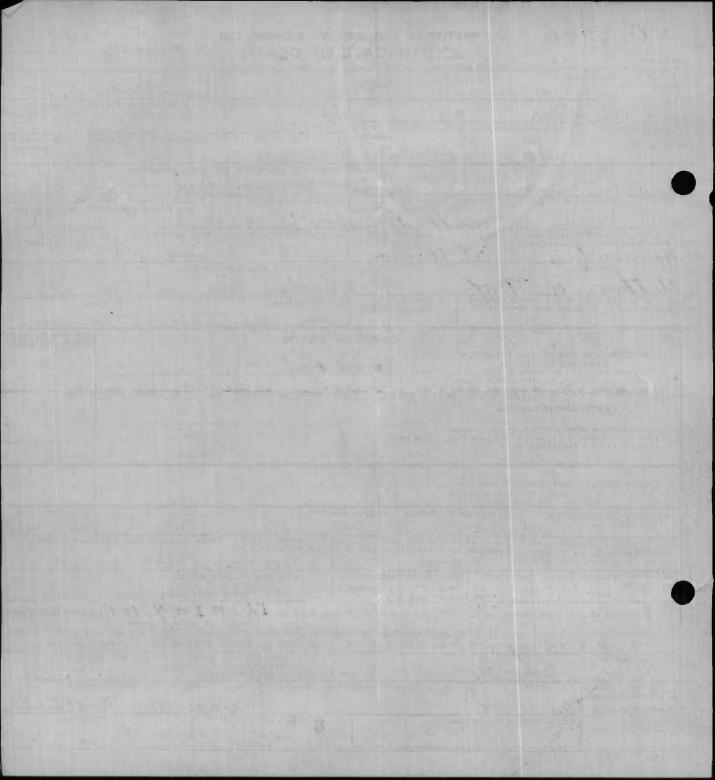


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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8891

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) TOMA LAT DEED	2. DATE
TONA ELDER	DEATH October 16, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	township
Baltimore City Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	5303 Eastern Avenue
WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Givekindol) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	north Carolina
13 H	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FOR EST   16. SOCIAL	Sallee Um Little
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Wayne Elder 53038 slew
18. £ 823. 4 CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ed chest
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
ION. DATE OF CITATION	
21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about home, farm, factory, atreet, office bldg., e	
UNDERLYING OR CONTRIB. about home, farm, factory, atreet, office bldg., about home, farm, f	etc.) INJURY OCCUR?
UTING LI CAUSE OF DEATH. Street  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	Eastern Ave. and North Point Road
OF INJURY	
Gallia.	7 P. 7 M. m. C. 10 7
22. I certify that I took charge of the remains described a	above, held an AAA C. A. Y. 12 Lithercon and from
the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the day stated above
23A. SIGNATURE	s ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.    23b. CHIEF MEDICAL EXAMINER ☐   23c. DATE SIGNED
111111: 11-1-1	ASSISTANT MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
TION, REMOVAL (Specify)	7 1-2 110 m tirel
DATE, RECEIVED BY REGISTRAR'S SIGNATURE	25. TUNE AL DIRECTOR ADDRESS
LOCAL REGISTRAR	18 ne 11 Par
V C 152 1 8/ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	your or coming of the Man.
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BALTIMORE CITY HEALTH DEPARTMENT 50 8899

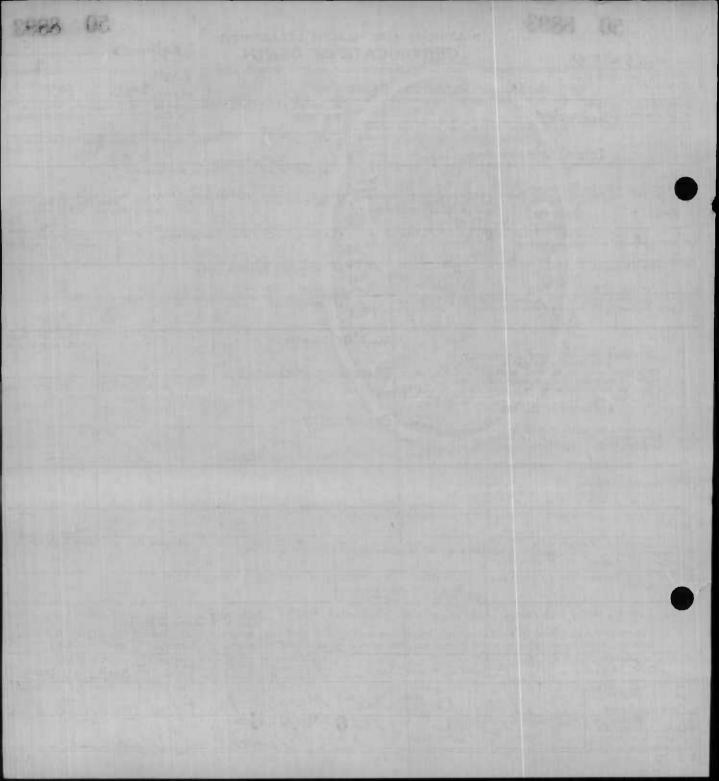
В	IRTH NO.	CERTIFICAT	E OF DEATH	- Registere	1 Ko OC	28
	NAME OF DECEASED hancy	Board	dman	2. DATE OF DEATH	417.19	700
Α.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	NOE (Where deceased lived B. COUNTY		residence re admission)
HI	FULL NAME OF Ulf not in hospital or institu OSPITAL OR JULY NOTE IN THE STATE OF TH	ition, give street address or location)	C. CITY OR JOWN	(If outside corporate li	mits, write RUI	RAL and give township)
	ength of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRE	SS (If rural, give location	Pd	
6	male white wido	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		Months Days	if Under 24 Hours Hours Min.
WOT	k done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZE WHAT	N OF COUNTRY
13	HATHER'S NAME BOARDING	an	14. MOTHER'S MAI	DEN NAME	ton	
3	(MAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	PKINS ROSPITE	ADDRESS	
	18. 154,4 DISEASE OR CONDITION DIRECTLY	,	OF DEATH		ONSET	AL BETWEEN
	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the dises	g., (A) Con	genetal /	me derea	re 8.	1110-1
	injury or complication which caused deat  ANTECEDENT CAUSES	th.) DUE TO	andre re	me		
NOIL	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T	ING	•••••			••••••
ICAT	UNDERLYING CONDITION LAST.					
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	TED				
	194. DATE OF OPERATION 3 198. MAJOR	R FINDINGS OF OPER	Peurt du	2. type und	et : 20. A	UTOPSY?
1EDICAL		ACE OF INJURY (e. g., in e., ferm, factory, etreet, office bldg.,	n or 21c. WHERE DI	D (If in Baltimore Cit		
Σ	21D. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURR		INJURY OCCUR?		MET
b	22. I hereby certify that I attended the	e deceased from 10	74 ,,107	10/10/17 ,19	50, that I la	ist saw the
	dcceased alive on 6 / 7 , 19 56	and that death occur	rred at 6 / 7/2 238. АДДН БФОТП	From the courses and on		ated above
2	4A. BURIAL, CREMA-1 24B. DANTE	M. O.	1	240. LOCATION (City, to	10-1	7-5-0
	Remove Oct 17/50	240, WAWL OF CLWILL	INT OR CITEMATORT	Wilmington	D Del	2 (State)
	ATE RECEIVED BY REGISTRAR'S SIGNAT	Bligger M. O	25. FUNERAL DIRE	med Home I	ADDRESS	lean
-	Va 150 g G Care +	the an	mared			

· ) huit a such & core. 5/0-P.m-10/11/50. send back to Hosp. for sig, & Dies, hi mik Companial Spark denians Cyambre Lagre Companies least deer begrement. 10-17-50. asman

Yellaula, M.

LOCAL REGISTRAR

V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF OECEASEO 2. DATE (Type or Print) OEATH 3. PLACE OF OEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE hefore admission) i f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O. STREET AOORESS (If rural, give location) Mos. ength of stay in Baltimore MUNITOR Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) BIRTH If Under 24 Hours WIDOWED, DIVORCEO (Specify) last birthday) | Months: Days | Hours | Min. Married 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INOUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 10125017 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 420. ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... OISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. OATE OF OPERATION

21A. EXTERNAL CAUSE WAS

198. MAJOR FINOINGS OF OPERATION

PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF OEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY NOT WHILE AT WORK WORK

22. I certify that I took charge of the remains described above, held an _

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕞 accident 🗀, suicide 🗀, homicide 🗀, undetermined 🗀.

ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248 DATE

CaTherway New

FUNERAL DIRECTOR

218. PLACE OF INJURY (e.g., in or

240. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

OATE RECEIVED BY OCAL REGISTRAR

23A. SIGNATURE

REGISTRAR'S SIGNATURE

21c. WHERE DID

INJURY OCCUR?

21F. HOW OID INJURY OCCUR?

238, CHIEF MEDICAL EXAMINER .....

(If in Baltimore City, give exact location)

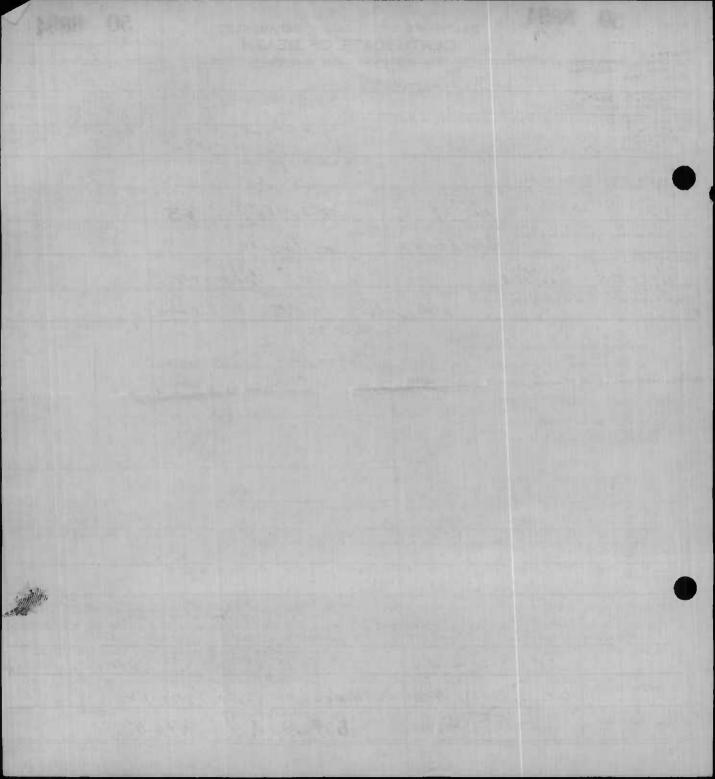
20. AUTOPSY?

thereon and from

23c. OATE SIGNEO

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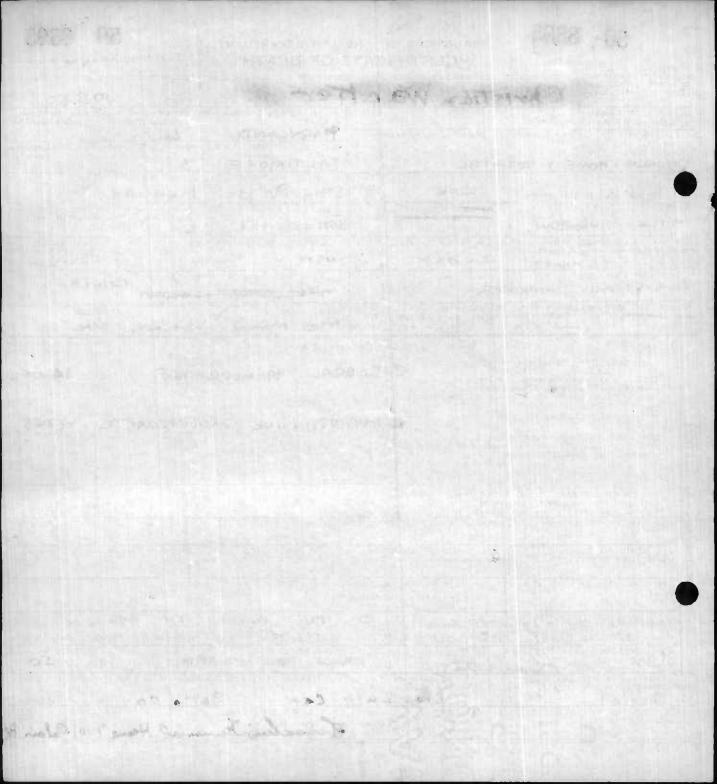


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#### BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE WA CHIENTAN. (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or MARYLAND BALTO HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN CHURCH. HOSPITAL BALTIMORE: Yrs. D. STREET ADDRESS (If rural, give location) Mos. LIFE PURASKI Length of stay in Baltimore M Gym A4 Days 5. SEX 6. COLOR OF RACE E. MARRIED 8. DATE OF BIRTH H Under 1 Year 9. AGE (In years) last birthday) | Months: Days | Hours: Min. EUROPEAN MARK JEPT 2-5 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? truck farmer OWHEY USA US.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ENG LAND CHRISTIAN WACKER MACH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) no ga anknown) SECURITY NO. MRS MARY SAME . W ALKER INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CEREBRAL LEADING TO DEATH HAEMORRHAGE 14-DAYS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES EFHYPERTENSIVE CARDIOVASCULAR DIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 6 . 12 , 1950, to 10 , 18 , 1950 that I last saw the deceased alive on 19.17. 1950, and that death occurred at 12.30 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOME & HUSPITHAL CHURCH 10.18.50 GEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify 21/50 Buria DATE RECEIVED BY REGISTRAR'S SIGNATURE 7 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



correct age is especially important. Prysicians: please write the causes of death clearly and regibly.

# 50 8896 BALTIMORE CITY HEALTH DEPARTMENT

50	8896
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В	IRTH NO.			CERTIFICAT	E OF DEAT	H []]	Registered N	10
1.	NAME OF DEC	MA. U	lohn ~	Sommer			ATE 10-	16-50
	PLACE OF DEA Baltimore City	y, Maryland			4. USUAL RESID		ceased lived, If	institution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION	Bon Secon		ion, give street address or location)	c. CITY OR TOWN		Balfo.CD corporate limits	s, write RURAL and give township)
	Length of stay	in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	Be lair	ve location)	
5.	Male 6.	COLOR OF RACE White	WIDOW	MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	. 1	E (In years   Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.
WOF	A. USUAL OCCU	PATION (Give kind or brking life, even if retired.	I TOB. KIND	OF BUSINESS OR INDUSTRY	Ba H		untry)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM	AE .		1	14. MOTHER'S MA	IDEN NAME		
1.5	WAS DECEASED	JOHN S EVER IN U. S. ARME	omme	1 16. SOCIAL		ve SmiTl		
(Ye	e, no or onknown)	(If yes, give war or date	os of service)	SECURITY NO.	17. INFORMANT	0		DDRESS
	18. 446v			NANE	OF DEATH	· JOWWEX	8601 /3	INTERVAL BETWEEN
	DISEASE L (This does no heart failure,	OR CONDITION EADING TO DEA t mean the mode asthenia, etc. It me mplication which	TH of dying, e. a ans the diseas	E., (A)	remia			ONSET AND DEATH
FICATION	DISEASES C	R CONDITIONS, ABOVE CAUSE (A) G CONDITION L	IF ANY, GIVIN	HE DUE TO	hroscle	rosis. Igpert	ension	2
ERTI		II NIFICANT CONE O THE DEATH, BUT		N-	0			•
U	19A. DATE OF	OPERATION		FINDINGS OF OPER	ATION			20. AUTOPSY?
CAL								YES NO
MEDIC	HOMICIDE (	Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., d			ltimore City, g	give exact location)
Í	21D, TIME (Mo	onth) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID	INJURY OCCU	R?	
	deceased alive	on 10-16		and that death occur	red at 6. 195 38. ADDRESS	, from the caus	ses and on th	, that I last saw the he datc stated above.
	23A. SIGNATU	71915	2	. M.D.	Bon Sec	cours b	ospila 1	10-16-50
2. TI	4A. BURIAL, CRE	MA- 24B. DATE			RY OR CREMATORY			or county) (State)
_	Burial	10/20/		Park Wo		B	alto co	Md
	ATE RECEIVED E	R 1	SEIGNATE	Pilliains MA	25. FUNERAL DIR		D. I M	ADDRESS BALK CO
=	OCT 1 8195	0	and the same	110000000000000000000000000000000000000	danahu Pi	meral Hom	a 7401 13	stan 154 md

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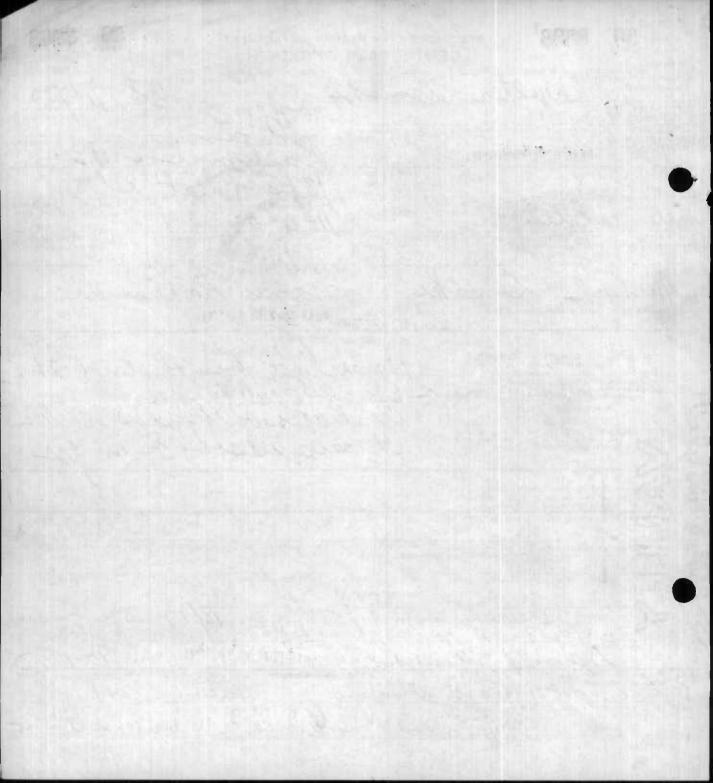
Amelia L. DESCRIPTION OF THE OWN DESCRIPTION esaled vit

50 8897

Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF October 17, 1950 WALTER EDWARD KUCHAREK. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore City Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 922 S. Robinson Street ength of stay in Baltimore Dava 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify)
Single Oct. 25, 1934 Male White 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Patterson High School Baltimore, Maryland Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cecelia Oszakiewski Walter Edward Kucharek. Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoown) SECURITY NO Welter E. Kucharek 922 S. Robinson St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fractured skull (This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Intracranial hemorrhage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baitimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING TO OR CONTRIB-Dundalk & Holabird Aves., Balto. Co., Md. Street UTING IT CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY 9:20 Pm Pedestrian struck by auto October 14,1950 Partial autopsy 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR ..... 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMETERY 248 DATE orly Rozary Ballimore DATE RECEIVED BY ADDRESS LOCAL REGISTRAR VS 151

DETRACK TO ATTACKETED

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	11 15			ERTIFICA			Register	ed No	
1.	NAME OF D ype or Print)	ECEASED	ton	Spans	bi		2. DATE OF	# 17	19m
	PLACE OF D Baltimore (	EATH: City, Maryland	000	NO 1100	4. US		(Where deceased live		cion residence be ore admission)
В.	FULL NAME		tal or institution	n, give street addres locati		1110			
	STITUTION	ONES HOPEIN	S KOSPITAL	10 Cats	c. CI	Do Oly	(If outside corporate	2 - U	RURAL and give township)
1		. D. III		Yı Mo		REET ADDRESS	If rufal, give location	n) 1	-
	SEX a	tay in Baltimore	7. SINGLE.	MARRIED		TE OF BIRTH	9. AGE (in yea	rs H Under 1 Y	ear   If Under 24 Hours
11	ple	white		D. DIVORCED (Spe		-6-00			ays Hours: Min.
worl E	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retired)	DRY	DUCK INDUST		RTHPLACE (State (	or foreign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S	AME	1	0	14.10	THER'S MAIDEN	NAME!	/	7.
	Much	all &	lens	ke	1	rances	Lohen	roke	1
15 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	SECURITY NO	17. IN	FORMANTINS HU	ISPITAL	ADDRES	S
	18. EQI.	1		2277	E OF DE	EATH			TERVAL BETWEEN
	DISEAS	E OR CONDITION		, /-		0 1	· 1	V	SET AND DEATH
	(This does	LEADING TO DEA not mean the mode re, asthenia, etc. It mes	of dying, e.g.,	(A) Olem	will	rage x	low tech	Largo	Idh.
		complication which		DUE TO SA	noch	adopho	Varicos		
		ANTECEDENT CAUS	SES	11	TRO	The Al	Handi	1100	1//2.
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FIC				(C)					7.6.6.
RTI	OTHER S	II IGNIFICANT COND	ITIONS CON-					Y	
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATED						
	19A. DATE C	F OPERATION	198. MAJOR F	INDINGS OF OF	PERATION	Transmitted in		2	O. AUTOPSY?
CA	214 ACCID	ENT WAS UNDER	218 PLAC	E OF INJURY (e.	e in or   21	c. WHERE DID	(If in Baltimore C		ES NO
MEDICAL		R CONTRIBUTING DEATH	about home, fare	m, factory, street, office bl	dg.,etc.) IN	JURY OCCUR?	(II III Dattimore C	ity, give exi	ict location)
7	F INJURY	(Month) (Day) (Year		E. INJURY OCCU		F. HOW DID INJ	URY OCCUR?		
L				VORK NOT WH			1		
		y certify that I at	1. florida			, 19 JB to_	16/17.	1910, that	I last saw the
61	deceased al		_, 19_10. ar	ed that death oc	curred at		n the causes and		
	23A. 31GNA	Davi	1 atte	peus		OHKS ROPKINS	HOSPITET	16	-17-47
	A. BURIAL.		16.00	C. NAME OF CEME	7	A MATORY 240	LOCATION (City,	town, or cour	nty) (State)
D	ATE RECEIVE	D BY   REGISTRAR	S SIGNATUR	l Stanest		NERAL DIRECTA	R	ADDE	RESS
	CAL REGIST		ticatory	Marula, 16	26	Leouse 4	& Weber	705 d.	ann ne
T	10 vs 158	300	- 6 -	001	2			DE LEAD	
				096	30			12	4 a



BALTIMORE CITY HEALTH DEPARTMENT JL- 39751 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10-8-50 Vincent Leweik DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospitals docation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. No Home address 12 yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male Jan. 6, 1860 90 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Poland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Leweik Mary 7 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or puknown) (If yes, give war or detes of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or unknown) SECURITY NO. B. C. H. Records, 4940 Eastern Ave. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerosis generalized LEADING TO DEATH Years (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY Gangrene of left foot and lower leg 10-6-50 YES X EDIC, (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE! WHILE AT

21F. HOW DID INJURY OCCUR?

AT WORK WORK 12-7 22. I hereby certify that I attended the deceased from

1950 to Oct. 8

, 19_50 that I last saw the 50 and that death occurred at 1.55 AM., from the causes and on the date stated above.

deceased alive on_ 19_ 23A, SIGNATURE

23B. ADDRESS 4940 astern Ave. 23c. DATE SIGNED 10-17-50

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burn DATE RECEIVED BY

24B. DATE

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DIRECTOR

ADDRESS

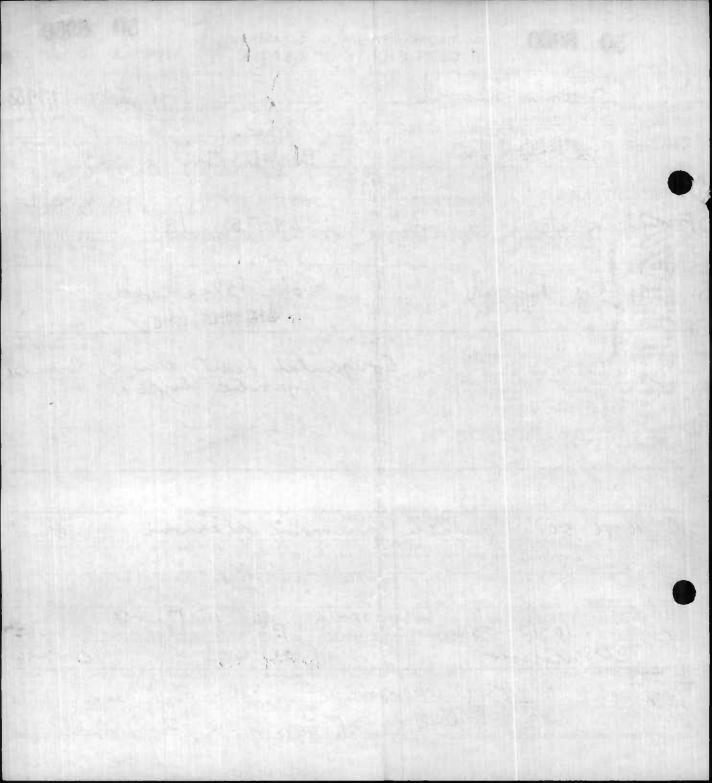
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50 8900

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mondey Borns	2. DATE OF DEATH 17, 19 TO
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION IOCATION IOC	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  1-29-38  9. AGE (In years   il Under   Year   Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even lf retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
menty Bond	For Blackwell,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANDIES ROPKIES HOSPITA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	gental heut during Congrits eganste ligre.
TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERAT	ATION 20. AUTOBOT?
21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., et CAUSE OF DEATH	or   21C. WHERE DID (If in Baltimore City, give exact location)
FINJURY  (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE  WHILE AT NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10 deceased alive on 10-17, 1950, and that death occur	red at 5 12m., from the causes and on the date stated above
M. D.	38. ADDRESS JARS HOPKIRS HOSPITAL 23c. DATE SIGNED
24A. BORING: CREMA- TION REMOVAL (Specify) 10/1-4/50 Para mon	unt Stone Co. Miss.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
061181950	Enk Suc. 1217 St. Paul St.



50 8901 Registered No.

В	RTH NO.	CERTIFICATI	E OF BEATTI		
r) 		E. Fono		DLATH	6-1950
Α.		lto	A. STATE	Where deceased lived. If institu B. COUNTY	tion; residence before admission)
	FULL NAME OF (If not in hospital or instit	ution, give street address or location)		outside corporate limits, write	PIIDAI and sive
IN	28 62 Manlie	lel ave	Back	5-8-0	township)
	D. 1	Yrs. Mos.	D. STREET ADDRESS (If	1	7
	Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SING	Days	2867 W	ayfield a	
1	WIDO	LE. MARRIED, DWED, DIVORCED (Specify)	May 3-188	9 AGE (In years   H Under   Instrument   Months I	Year If Under 24 Hours Days Hours Min.
1C	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		11. BIRTHPLACE (State or f		ITIZEN OF
1	touse Wife -	- Myoonki	Bacte	r ·	THAT COONTRIT
13	FATHER'S NAME	0 -	14. MOTHER'S MAIDEN N	AME	
(10	com 14. Will	ciamo	not Its	com	
(Y)	WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	40-2862 The	Sielelfor
	18. 4 22.1	CAUSE	OF DEATH		TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Y	0 00	0	VSET AND DEATH
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc	ease,	ural hem	mage	1 day
	injury or complication which caused dea	0 -+			200
7	ANTECEDENT CAUSES	(1) Orle	reoscleratio	cardio-	5-yos
LION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING		0. /		Ú
CAJ	UNDERLYING CONDITION LAST.	(c) N	ascular di	slase	
E	11				
ERT	OTHER SIGNIFICANT CONDITIONS CO				
Ü	TO THE DISEASE OR CONDITION CAUSING	т			
AL	19a. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	RATION		YES NO
EDICA		LACE OF INJURY (e. g., i ne, farm, factory, street, office hidg., c		If in Baltimore City, give ex	
M	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUP?	
	YRULNI 70	WHILE AT NOT WHILE		, occorr	
	22. I hereby certify that I attended th		194619 to 6	Oct. 16, 1950tha	t I last san the
	deceased alive on Oct. 1k, 1956				
	23A. SIGNATURE		238. ADDRESS	12 0 01 230	C/17/50
	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c, NAME OF CEMETE		OCATION (City, town, or cou	nty) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR	ADD	RESS
1	1CT 1 81950   "tenting ton 1/	Meants, Mr.	And Alder	49119	
	VS 150	Charles III	1 13001/10	intuckyas	0930
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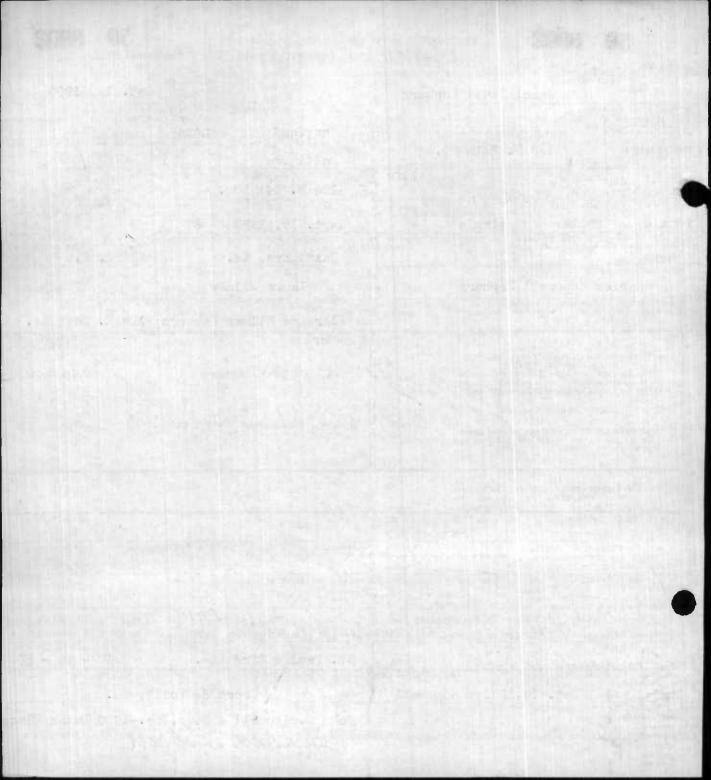
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#### BALTIMORE CITY HEALTH DEPARTMENT

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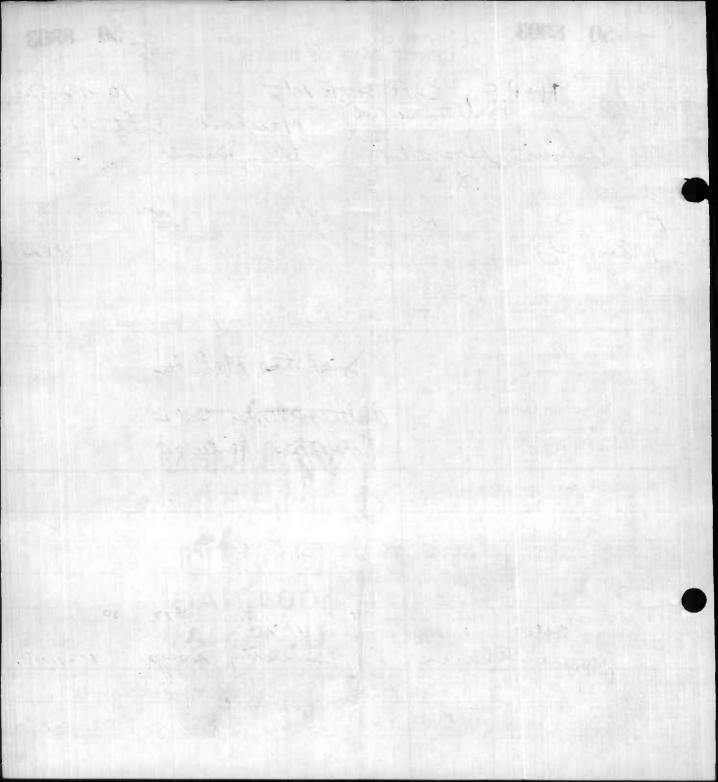
BI	RTH NO.			CERTIFICATI	E OF DEAT	H Re	gistered No	
1. (T ₃	NAME OF D		Small	Hepburn		2. DATI	Oct. 17	7, 1950
A.		EATH: City, Maryland			4. USUAL RESIDE			titution : residence before admission)
HC	SPITAL OR STITUTION		• 24th	tion, give street address or location)	Maryland c. CITY OR TOWN Baltimore	none (If outside con	porate limits, w	vrite RURAL and give
-	Y 43 6			life Yrs.	D. STREET ADDRE		location)	4
	SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGL	Days E. MARRIED.	128 W. 24t	9. AGE		er 1 Year   If Under 24 Hours
	male	white	single	VED, DIVORCED (Specify)	Sept. 19, 18		irthday) Month	B Days Hours Min.
10/ work	N. USUAL OC done during most of none	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	Baltimore,	State or foreign coun		CITIZEN OF WHAT COUNTRY
13.	Char.	les Hopewell	Hepburi	1	14. MOTHER'S MA			
15. (Yes,	was DECEASI	ED EVER IN U. S. ARME[ (If yes, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Florence Wi	lmer Hepbur	n 128 W.	RESS 24th St.
ERTIFICATION	injury or DISEASE: RISE TO T UNDERLY	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) /ING CONDITION LA	aused death	(B) COT CO	mary Belevon	is + Generali	sed Hunox	Andefund lunis
Ü.	TO THE D	ISEASE OR CONDITION	CAUSING		ATION			20. AUTOPSY?
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL.	ACE OF INJURY (e. g., in form, factory, street, office bldg.,	n or 21c, WHERE D		more City, give	YES NO Exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR	<b>?</b>	
	22. I hereb deceased at 23A. SIGNA			and that death occur	red at 12:05An.		s and on the c	hat I last saw the date stated above. 23c. DATE SIGNED
	nas	tuarrel m	Blee	м. д.	St. Paul & 2		10	0 - 18 - 50
TIO	A. BURIAL, O N. REMOVAL (S Burial	pecify) Oct. 19,	1950	24c. NAME OF CEMETE Hopewell	RY OR CREMATORY	Port de Po		county) (State)
DA	TE RECEIVE CAL REGIST	D BY   REGISTRAR'		JRE	25. FUNERAL DIR	ECTOR	AI	DDRESS D Eutaw Place
4	CT 1 819 vs 150		40/01	Hillsalls, Aj.	Mahlor	As Maile	tell	



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2 37	

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10-17-80 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before pilmission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and g INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 6. COLOR OR RACE B. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under | Year last binday) Months Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY 13. FATHER'S NAME INKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 160 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, ctc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BI. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from of oct 17, 19 10 that I last saw the 19 17 to deceased alive on Octiv 19 50 and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 10-17.50. 11000 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

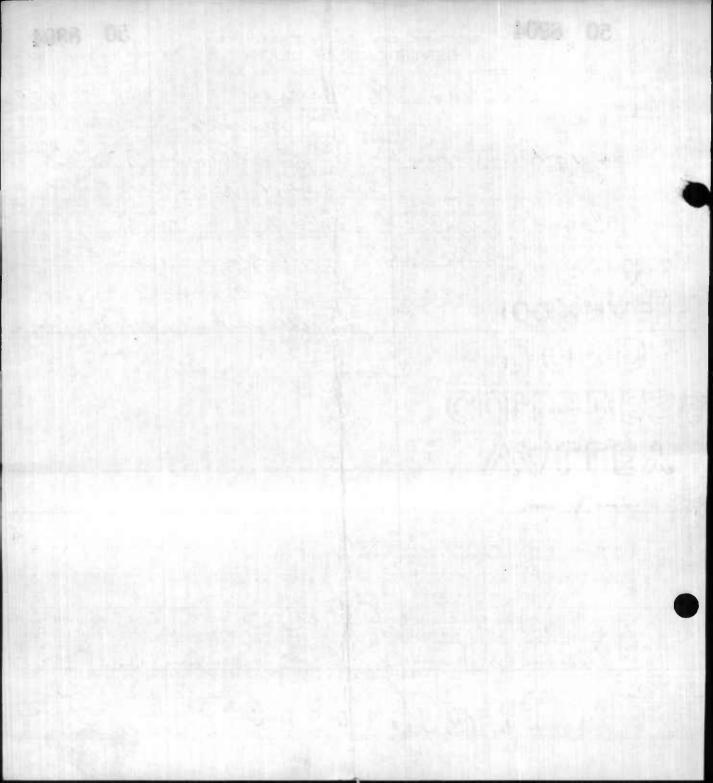
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50 8904

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	Jackson 2. DATE OF 11, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	c. CITY OR TOWN /If outside corporate limits, write RURAL and give
INSTITUTION AZ LIF Beliteral and	C. CITT OR TOWN All outside corporate limits, write ROKAL and give
Yrs.	D. STREET ADDRESS (If rural, give logation)
Length of stay in Baltimore  Mos. Days	2408 Brentward line.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years if Under I Year last birthday) Months: Days Hours Min.
mall Colored married	Sex1.2, 1870 80
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Taperhanger skilled labor	Virginia lisa.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Mentenouse
(Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	OF DEATH
18. 43/X 1 CAUSE C	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	e te lly ocndeles sdas.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	/
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	yes No 4
Z CASSE OF BEATH	NJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	ED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from	12, 19 to 2, 19, that I last saw the
deccased alive on 7, 19 and that death occur	
23a. SIGNATURE 2	38. ADDRESS  23c. DATE SIGNED  23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CHETEI	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Durial (Specify) Och St. 1950 Int. Ca	cham Baltimere had
DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Junes & ADDRESSING
LOCAL REGISTRAR	16 Billing Will and
VS 150	The state of the s
VS 150	093a

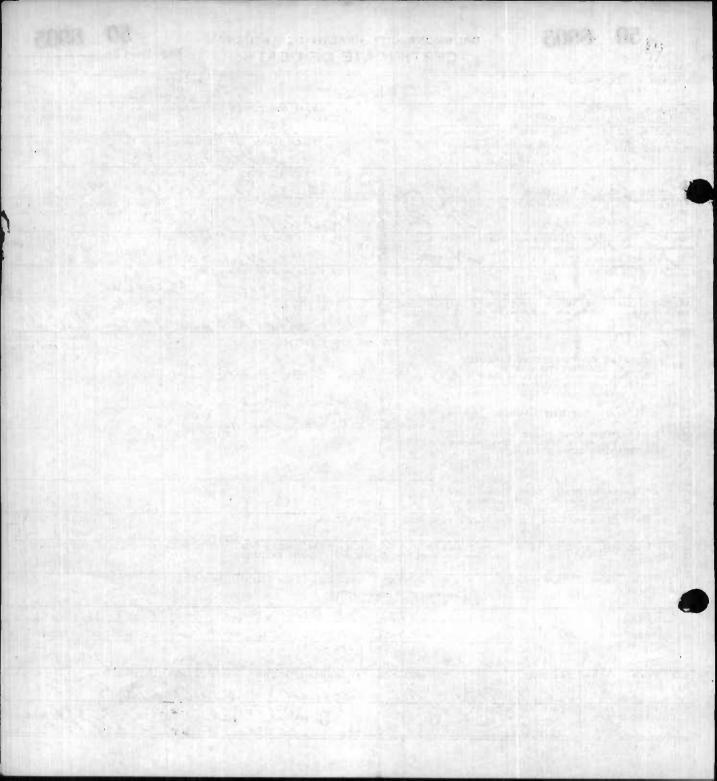


50 8905 Registered No.

BIRTH	NO.								
1. NAM (Type o	ME OF D	ECEASED	Sus	) E	J. BR	AN	C 17	2. DATE OF DEATH / 6	Oct 50
A. Bal		City, Maryl					4. USUAL RESIDENCE (V	Where deceased lived, I	f institution : residence before admission)
	TAL OR	of (If not S			ion, give street a	ddress or location)	c. CITY OR TOWN (III	outside corporate limi	its, write RURAL and give
10	- ()	27 n	1. C	arey.	St		Satter	nne 13	township)
Len	oth of st	tay in Balt	imoro		50 mg	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	Mr.
5. SEX		6. COLOR o		7. SINGLE	MARRIED.	Days (Specify)		9. AGE (In years	It Under 1 Year   It Under 24 Hours Ionths: Days   Houre: Min.
	rale	tolore	ol		ran		Caril 9, 1183	67	
work done		CUPATION (of working life, even		10B. KINE	OF BUSINESS	OUSTRY	1). BIRTHELACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	THER'S N		1				14. MOTHER'S MAIDEN N	10	,
15 16	Jan		chn	em		Far I	Harriett	Bank	
(Yes no	Tunknown)	O EVER IN U	S. ARMED	of service)	16. SOCIAL SECURIT	Y NO.	7. INFORMANT		ADDRESS Be-11
118	4.42	~			C/	LICE	OF DEATH	enson gogx	INTERVAL BETWEEN
10.	17-	SE OR CON	DITION	DIRECTLY		AUSE	OF DEATH		ONSET AND DEATH
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Cerebral hemorrhage and throubs:								
	beart failure, asthenia, etc. It means the disease.								
	injury or complication which caused death.) DUE TO Thypertensive and artiroxelevation								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Caldis · vacular disease:								
F	RISE TO T	HE ABOVE CA	AUSE (A)	STATING TI	HE DUE TO				
<u>U</u>									
F		1	-		(C)				
ш	TRIBUTING	TO THE DE	ATH, BUT	NOT RELATE	ED				
		F OPERATION			FINDINGS OF	F OPER	ATION		20. AUTOPSY?
Y Y									YES NO
	. ACCIDE MICIDE	(Specify)	E.		ACE OF INJURY arm, factory, atreet, o			If in Baltimore City,	give exact location)
	TIME (	Month) (Da	y) (Year)		21E. INJURY O		ED 21F. HOW DID INJUR	Y OCCUR?	
				m.	WHILE AT N	OT WHILE			
					deceased from		D QCT, 1950, to_	16 Oct, 191	, that I last saw the
dec	ceased al		001	, 19 50,	and that deat		rred at 1:40 Pm., from t	he causes and on	the date stated above.
(-	nu	A.	Ner	mice	y D.	1. D.	201 Umans	Way	17 Oct 50
	BURIAL, C		DATE	10-1	2 C. NAME OF	EMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
DATE	RECEIVE	D BY   REG	ISTRAP	SISIGNATU	IRE JINT.	Co	25. FUNERAL BURECTOR	allignore	MODRESS /
LOCAL	REGIST	RAR	- 4	-6- 6	110 0	2 1	Atricland	Juney	ill Browne
	S 150		CANAL PARTY	A A	Markette H	1	/00/ N.	mus ser	- 1

correct age is especially important. Physicians: please write the causes of death clearly andy "tury.

0932



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH October 15, 1950 DAVID PATTON 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore General Hosp. Baltimore D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore 1035 Tiffany Court Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. If Undet 1 Year Male ingle 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRA WHAT COUNTRY? 13. FATHER'S NAME ea. 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. W. INTERVAL SETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Fracture of skull heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Avulsion of left ear RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., In or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING I OR CONTRIB-UTING LI CAUSE OF DEATH. Highway Gov. Ritchie H'way & Walton Avenue 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY Passenger in auto and auto collision 1950 10:02P m. October 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\square$ , suicide  $\Box$ , homicide  $\Box$ , undetermined  $\Box$ . 23A. SIGNATURE 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER 10-16-50 MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or eounty) 24B. DATE Julia DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 151

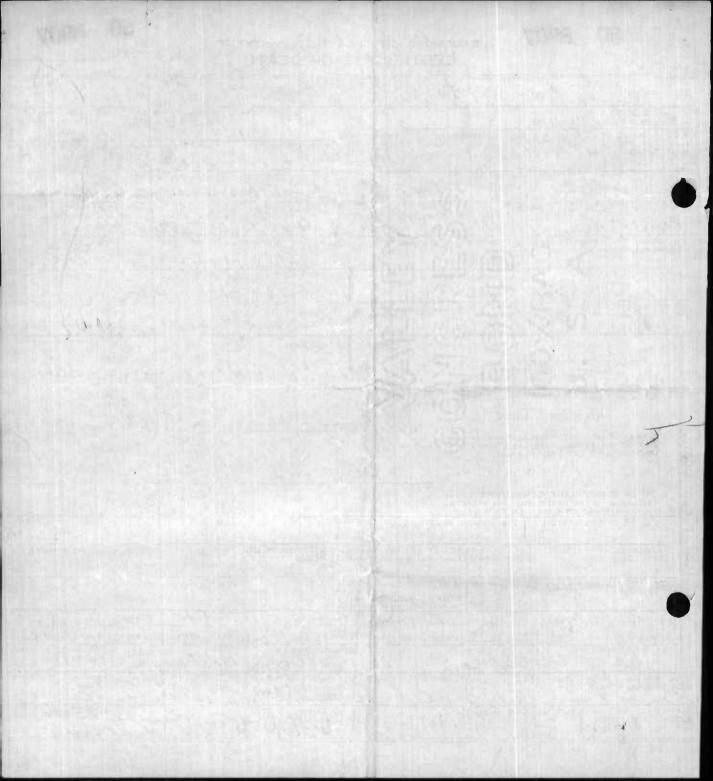
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

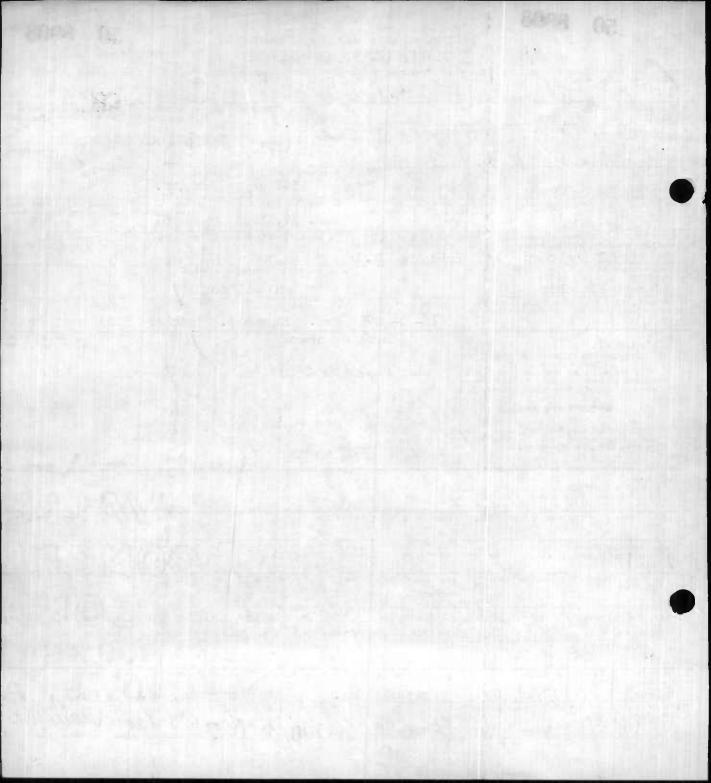
Registered No.

B	RTH NO.	
	NAME OF DECEASED Mourth 9 Jane H9	1/ 2. DATE OCT, 15, 1950 DEATH
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address or	Maryland
	OSPITAL OR 409 Roundview Rd.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	ength of stay in Baltimore Mos.	409 Roundview Road
٥.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Rours last birthday) Months Days Hours Min.
	Female Colored Married	July 16,1093 53
worl	A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Joseph Tucker	
15	. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	Lucy Hawkins
(Ye	(If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Blanche Rubinson 2016Westwood
	18. 443X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., (A)	rebral Hemorhage 64rs
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	, b 1/ h.
NO	DISEASES OR CONDITIONS, IF ANY, GIVING	pertensive C-V. Dise un Known
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ICA	Side in the second seco	
RTIF	II (C)	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	19A. DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER	
S	21A. ACCIDENT, SUICIDE.   218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
MEDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	te.) INJURY OCCUR?
j	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	2 1F, HOW DID INJURY OCCUR?
L	m.   WORK   AT WORK	1 16 1041 01 15 1017 1
	22. I hereby certify that I attended the deceased from	7 16 , 1946, to Och. 15 , 1950, that I last saw the red at 9:45 P.m., from the causes and on the date stated above.
		38. ADDRESS / 23c, DATE SIGNED
	Cerolal Stighston, M.D.	301 Cherry Hell Road, 10-15-50
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
1	Burnal Oct. 19, 19 & Celulus	Mem, Jr. Oals, Co. Mo.
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. EUNERAL DIRECTOR ADDRESS From
	DOT 1819 Turke to Williams Mis	165 Smuel Hill Que,
	VS 150	- // - /
		0932



50 8908 Registered No.

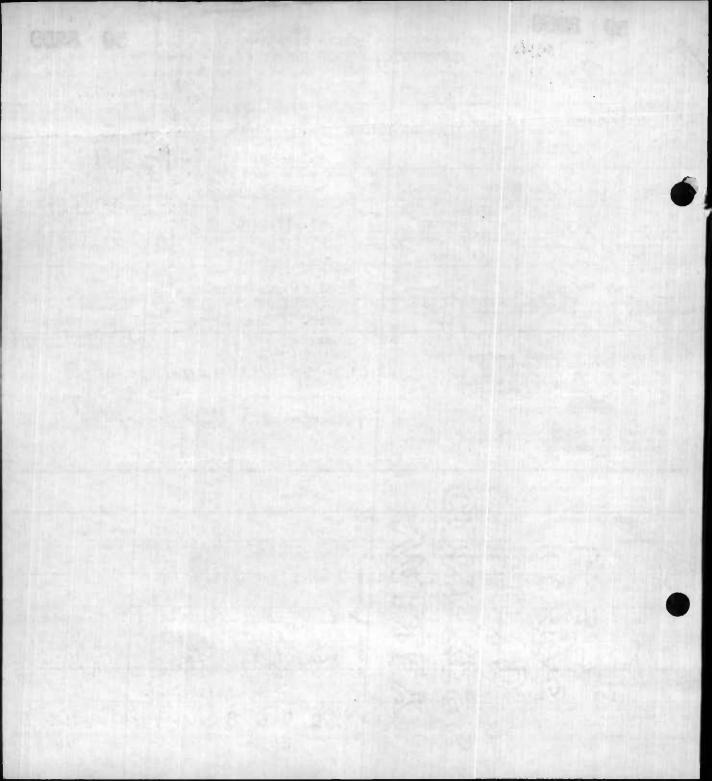
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	s Fletcher	2. DATE OF /C DEATH	0/16/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital of	or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)		
HOSPITAL OR INSTITUTION	spital	c. CITY OR TOWN (If outside corporate lin Baltimore	nits, write RURAL and give township)		
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 5309 Gwynn Oak Ave.			
ength of stay in Baltimore	Days		M Hadas T Vans J. M. Hadas Od Hama		
MW	WIDOWED, DIVORCED (Specify)	Jan. 17, 1889  9. AGE (in years last birthday)	Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF		
	Road Building	England	WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Joseph Fletcher		Hannah Robinson			
15. WAS DECEASED EVER IN U. S. ARMED F( (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL	17. INFORMANT	ADDRESS Ave.		
no (transport of the state of	SECURITY NO. 213-05-9892		309 Gwynn Oak		
DISEASE OR CONDITION DIL  LEADING TO DEATH  (This does not mean the mode of deart failure, asthenia, etc. It means injury or complication which caus	RECTLY  dying, e.g., (A)	of DEATH ardial Infarction	INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (c) Arterio sclerosis  OTHER SIGNIFICANT CONDITIONS CON-					
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION CA	T RELATED				
19A. DATE OF OPERATION 19B.	. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in bout home, farm, factory, atreet, office bldg., a		, give exact location)		
21D. TIME (Month) (Day) (Year) (HOOF INJURY	(Our) 21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK		NAME OF BRIDE		
22. I hereby certify that I attend	ded the deceased from	10/16 19.50, to 10/16 , 19.	Spthat I last saw the		
deceased alive on 10/16,		red at 6 3 6 m., from the causes and on			
23A. SIGNATURE THE		18. ADDRESS	23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY   240, LOCATION (City, tow	vn, or county) (State)		
Burial 10/19/50	O Spesutia Cer	m. Perryman, Md.	0		
DATE RECEIVED BY REGISTRAR'S S		23 FUNERAL DIRECTOR	= Rallo Md.		
VS 150	043 24		094a		



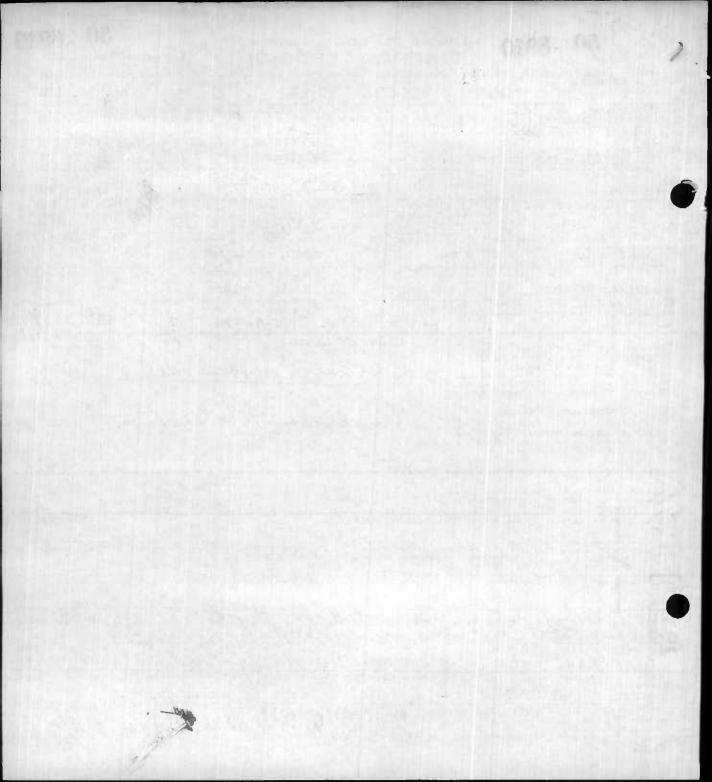
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10	وا	2	5	

Registered No. 8909

BIRTH NO.								
1. NAME OF C (Type or Print)	DECEASED	LAURA	P. MORGAN		1 DEATH	ct. 17,		
	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived B. COUNTY		n : residence fore admission)	
B. FULL NAME HOSPITAL OR INSTITUTION	2915 The A		on, give street address or location)	Md. c. city or town (1 Baltimore	f outside corporate li	mits, write RI	URAL and give township)	
ngth of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III	neda			
female	6.COLOR OR RACE	WIDOW	e, married. Ed, divorced (specify) dowed	8. DATE OF BIRTH Feb. 17,1876	9. AGE (In years last birthday)	II Under I Year Months Day	s Hours Min.	
ork done during most housew			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S	name ah Jackson			14. MOTHER'S MAIDEN N				
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. William F	Royer - 2915	ADDRESS The Al	ameda	
heart failt injury or DISEASE RISE TO TUNDERLY	LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It means the complication which of the complication which of the complication which of the complication which of the complication of the complicati	f dying, e. g ns the diseas aused death sES  F ANY, GIVIN STATING TH ST.  TIONS CON	(B) (C)	ensolvris c	dypertense	Pg -	2_,	
	OF OPERATION 1		FINDINGS OF OPER	ATION		20.	AUTOPSY?	
LYING O		about home,	CE OF INJURY (e. g., i arm,factory,street,officebldg.,	otc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact		
OF INJURY	(Month) (Day) (Year)	(Hour) m.	WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJUR	RY OCCUR?			
deceased a	de lute.	10014	that death occur	540 V Belen	the eauses and or	n the date s	ATE SIGNED	
	rial 10/20/	50	Balto. Cem		alto., Md.	ADDRE	1	
LOCAL REGIST		SSIGNATU	5 Wally Max	29 FUNERAL DIRECTOR	alener & s	lais =	Dalto MI	
VS 150			THE RESERVE TO SERVE				I VIN	



-400		sujhe		50 0040				
	TIMORE CITY HE	OF DEATH	Registered No	50 8910				
1. NAME OF DECEASED (Type or Print)  CHRIST	INA HUTCHISON	BOYLE	2. DATE OF DEATH Oct	. 18, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)		stitution: residence before admission)				
e. FULL NAME OF (If not in hospital or institution NSTITUTION 2107 Woodbourne A	location)	Md. c. city or town (if o	utside corporate limits,	write RURAL and give township)				
angth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If ro 2107 Woodbourne						
female white mar:	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH July 10, 1885	last birthday)   Mont 65	der I Year hs: Days Hours: Min.				
10A. USUAL OCCUPATION (Give blod of North doceduring most of working life, even if retired) at he	OF BUSINESS OR INDUSTRY	Glasgow, Scotland		2. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Alexander McMahon		14. MOTHER'S MAIDEN NA Elizabeth Taylor	ME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowe) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Boyle, son		DRESS Ave. 2107 Woodbour				
heart failure, asthenia, etc. It means the diseas injury or complication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATE	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Comonuc hypotavdilles  3  CAUTHURE  CAUTH							
19A. DATE OF OPERATION   19B. MAJOR	FINDINGS OF OPER	ATION		20, AUTOPSY7				
OF INJURY m.	ED 21F, HOW DID INJURY							
22. I hereby certify that I attended the deceased alive on 04 17, 19	23A. SIGNATURE 23C. DATE SIG							
24A. BURIAL. CREMA- TION. REMOVAL (Specify) Removal 10/18/50	AL. NAME OF CEMETE		cranton (City, town, or	r county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	SEND NEW !	25 FUNERAL DIRECTOR		& also				
VS 150				093 d				



UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

is especially important.

correct age

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.8941
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OF 8911 CERTIFICATI	E OF DEATH 331X Registered No.			
I. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:			
(a) Baltimore City, Maryland	San of			
(b) Street address 4/5 molt	(a) State (b) County			
(c) Hospital or institution:	(c) City or town Balto 5-02			
(b) Frospital of histitation.	(If outside city or town limits, write RURAL	and give town		
	(d) Street No. 4/2 1900			
l) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)			
(e) Length of stay in Baltimore (yrs., mos., or days) NHE	(e) Citizen of foreign country? (Yes or N			
	It yes, name country			
3 (a) FULL NAME Wavid Clakins				
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION			
No. d/J-03-03697	20. DATE OF DEATH 10/15 1950	at IIAn		
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated			
divorced.	ed deceased from 10 8 1950, to 10			
6 (b) No - (1) de la				
6 (b) Name of husband or wife A T UCC  6 (c) If alive, give age years	and that I last saw h. M. alive on			
0-20 10 1 100	Immediate cause of death.	Duration		
7. Birth date of deceased (mo., day, yr.) // Wy 21 21 21	Carethur Manuschinge	.l.whe		
8. AGE: Years Months Days If less than one day				
/3 4 2,5hr. min.	Due to Market Cutton	344		
9. Birthplace Baltimore		***************************************		
(Town, county, and state)	Due to ATUM - Allerani.	3 4		
10. Usual Occupation ALW OVVV				
11. Industry or business	Other Conditions	Lwh		
# 12. Name palhu alouns	Chamic Nephritur	PHYSICIAN		
	(Include pregnancy vithin 3 months of death)  Date of operation	IMISICIAN		
13. Birthplace	Major findings of operation:	Underline the		
# 14. Maiden Name / RVECEA KURK	major manage of operation	death should b		
15. Birthplace		charged statis		
16 (a) Informani Hattle G. gray	22. If death was due to external pauses, fill in the folk			
(b) Address 445 M ( 4 5 7)	(a) Accident, suicide, or homicide	***************************************		
(a) Burial (b) Date thereof Por 181950	(b) Date of occurrence at	N		
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur?	***********		
(c) Cemetery of crematory. Mt Calvary	(County) (County)	y) (State)		
Location W. Q. Co My d	(d) Did injury occur about home, on farm, industrial pl			
	place?			
18 (a) Funeral director MANNES STATES	(e) Means of injury			
(b) Address f del Classification of the control of	23. Signature Kalph Y. Umay	,		
19 (a) OCT 1. 8.1950 (b) (Date reed by registrar) Little from Miliantity of	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	H. 0/16/5		
vs 150	08910	3/2		

#### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

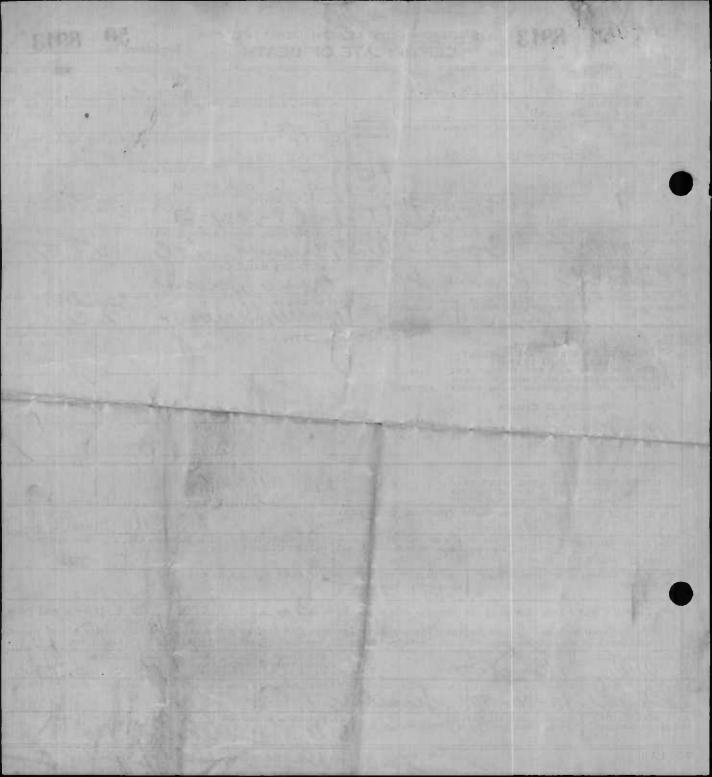
8912 TIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) William Cuba. Oct. 16, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Paltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF I'f not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore SOUTH BALTIMORE GENERAL HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 133 W. Cross St. Days 6. COLOR OR RACE 9. AGE (In years | fi Under 1 Year | fi Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male 62 grs 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired. WHAT COUNTRY? Lavner 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Rupture of dissecting aneurysm of aorts heart failure, asthenia, etc. It means the disease. into pericardial sack injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT YES NO Y 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING | CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inc. thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \opi \), accident \( \opi \), suicide \( \opi \), homicide \( \opi \), undetermined \( \opi \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ..... ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) TION, REMOVAL (Specify DATE RECEIVED BY 151

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ВІ	H 6-	50	8913	ВА			ALTH DEPARTM		50 Registered N	2.89	1.3
1.	NAME OF D			HERRIN	G. JR.				OF Oct - b	7/	3000
	PLACE OF D Baltimore (	EATH:			<u> </u>		4. USUAL RESIDEN		EATH UCTOD Icceased lived, If i B. COUNTY	nstitution : re	1950 esidence admission)
H	FULL NAME OSPITAL OR STITUTION	OF (	f not in hospit	al or institu	tion, give stree	t address or location)	Maryland c. CITY OR TOWN	(If outsid	e corporate limits	write RURA	
3		Joh	ns Hopki	ns Hos	pital	G Yrs.	Baltimore p. STREET ADDRES	c (If rural	3-07	<u></u>	township)
	ength of s					Mos. Days	1114 E. Pre	- '			
	ale	,	or or race		E, MARRIED WED, DIVORC		1 - 29-/4		GE (In years   Mor		Under 24 Hours ours Min.
10 work	A VSUAL OC	CUPATI	ON (Give kind of	Cor		ESS/OR INDUSTRY	Manuel Manuel (State )	ate or foreign	country)	WHAT S	OF
13	Lecle Lecle	NAME	U 14	ries	eg Se	1.	14. MOTHER'S MAIL	EN NAME	441	V. N. 4	
	. WAS DECEASI		IN U. S. ARMEI		16. SOCIA SECUR	L RITY NO.	17. INFORMANT	Sour Constitution of the same	n Su	oneter	,
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERLY	LEADI s not me arre, asthe complie ANTEC	CONDITION NG TO DEA an the mode of mia, etc. It mes ation which of EDENT CAUS  ONDITIONS, I VE CAUSE (A) ONDITION LA	TH of dying, e. uns the disea caused deat SES F ANY, GIVI STATING 7 AST.	g., (A) sse, h.) DUE TO  (B)  NG HE DUE TO  (C)		У				ND DEATH
CER	TO THE D	S TO THE	DEATH, BUT	NDT RELAT	ED IT	05 0050	TION				
	19A. DATE C	OF OPER	ATION 1		FINDINGS					YES X	ND
EDICA	21A. EXTERNUNDERLYIN UTING []	G 🗌 01			ACE OF INJU				altimore City, gi	ve exact loca	ition)
Σ	21D. TIME OF INJURY	(Month)	(Day) (Year)	(Hour)	2 IE. INJURY	OCCURRE NOT WHILE	21F. HOW DID 1	NJURY OCC	UR?		
	the cvi	idence	obtained by	said Aut	opsy, Inspe	ction or In	ove, held anAu quiry, find that s \[ \times, accident \ \ \ \  secondary.	aid decease	tion or Inquiry		ed above
	23A. FIGNA		Upou	idt-		м.	238. CHIEF MED ASSISTANT MED	ICAL EXAM	NER 230	. DATE SIG	
TIG	NEMOVAL (S	p ify	248. WATE	- 50	24c. NAME D	T CEMETER	Y DR CREMATORY			.0 6	(State)
DA	TE RECEIVE	RAR	REGISTRAR	SEIGNAT	Miagus,	Marin	25. EUNERAL PIREC	litea	d- 9	ADDRESS -	/

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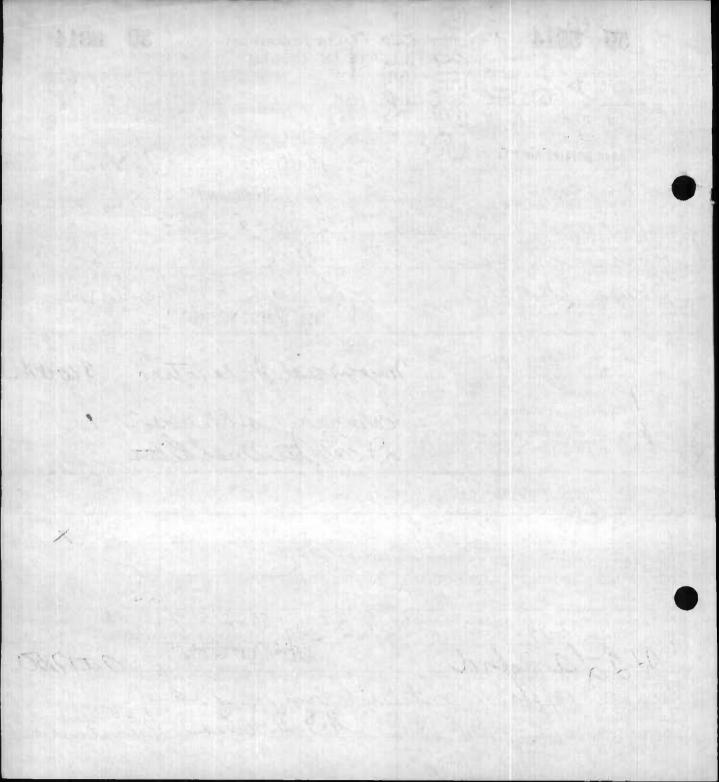
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# G-53 48914 BALTIMORE CITY HEALTH DEPARTMENT

50 8914

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED	2. DATE 4 7 1050				
(Type or Print) Bessie Chandle	er OF OCI 1 1930				
A. Baltimore City, Maryland 10 A	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or	M.C.				
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
ATTION TO THE PARTY OF THE PART	BALTIMORE 1500				
Yrs, Mos.	D. STREET ADDRESS (If rural, give location)				
Ength of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH . 19 AGE (In years) If Under 1 Year   If Under 24 Hours				
WIDOWED, DIVORCED, (Specify					
JOA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY					
13. FATNER'S NAME	14. MOTHER'S MAIDEN NAME				
Bus Deast	Diesel my				
15. WAS DECEASED EVER IN U. S. ARM D FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	TORKS HOPKINS HOSPITAL				
18. 260 X 1 CAUSE	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	cardial Interction 3 weeks				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	heart failure, asthenia, etc. It means the disease,				
ANTECEDENT CAUSES					
Z (B)	mary sclerosa				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO					
UNDERLYING CONDITION LAST. (C) COLORITION TO COLORITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.					
210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURS	RED 21F. HOW DID INJURY OCCUR?				
DF INJURY  WHILE AT NOT WHILE  MORK  AT WORK					
C	-28- , 1950 to 10 - / 7- , 195 Othat I last saw the				
22. I hereby certify that I attended the deceased from 7-28-, 1900 to 10-17-, 1900 that I last saw the deceased alive on 10-17-, 1950, and that death occurred at 330 ftm., from the causes and on the date stated above.					
23A. SIGNATURE 23B. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED					
M. D.					
24A. BURIAL CREMAN 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 240. LOCATION (Sity, town, or county) (State)				
June 10/20/30 mt au	burn ma				
DATE RECEIVED BY REGISTRAR SIGNATURE	25 FUNERACIDIRECTOR /3 DADORESS				
ACT 1 81950 - 4- MU-2 113	Set. G. Kelson Pressman H				
VS 150					
	06/.0				



В	BIRTH NO. CERTIFICATE OF DEATH						
1. (1	1. NAME OF DECEASED (Type of Print) HINRY JONES				2. DATE OF DEATH October 13, 1950		
	Baltimore	City, Maryland			4. USUAL RESIDENCE		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					Maryland		
ii	NSTITUTION	Franklin San	ana Has		c. CITY OR TOWN (	If outside corporate lin	mits, write RURAL and give township)
		Franklin Squ	are nos	Yrs.		If rural, give location)	(3 edg
	ength of s	stay in Baltimore		Mos. Days	2211 Clifton	Avenue	
	EX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months; Days   Hours   Min.
_	male	COLORED CUPATION (Givekind of		rried OF BUSINESS OR	1877 11. BIRTHPLACE (State or	73	
WOT	k done during most	of working life, even if retired)	IOB. KINL	INDUSTRY	11. BIRTHPLACE (State or	ioreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	Farmer NAME	n	one at present	14. MOTHER'S MAIDEN	NAME	U.S.A.
		unobtain	ahle		nn a h t-e	d mahla	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	inable	ADDRESS
	no			none	Mary C. Taylo	or 544 Gold S	St.
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				ONSET AND DEATH			
CE		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	UNDERLYIN UTING []	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, etreet, office bldg., et	to.) INJURY OCCUR?		y, give exact location)
6	OF INJURY	(month) (Day) (lear)		VHILE AT NOT WHILE AT WORK	TIP. HOW BIB INSUR		
	the ev	idence obtained by eath in my opinion	said Auto	rom: natural causes	Autopsy nquiry, find that said o  A accident □, suicid  238. CHIEF MEDICAL  ASSISTANT MEDICAL	e   , homicide  , EXAMINER	the day stated above, undetermined [].  23c. DATE SIGNED
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)  Chatham, Virginia						
L	Buri ATE RECEIVE OCAL REGIST T 1 8195 S 151	RAR 1		25. GUNERAL DIRECTOR	n 1303 Presst	ADDRESS	
	82010						

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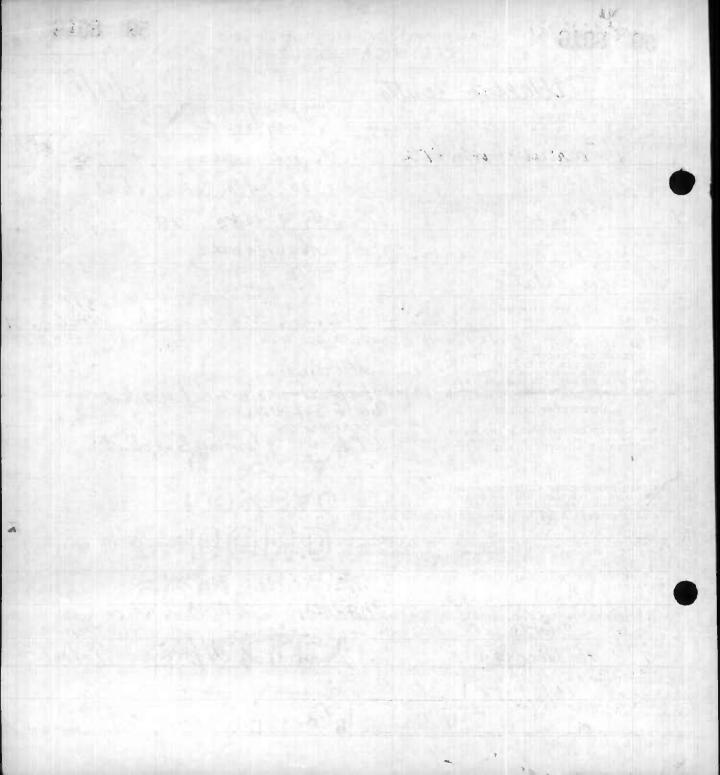
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Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township (If rural, give location) D. STREET ADDRESS Mos. ength of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under I Year | | H Under 24 Hours | Months; Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) Maryland More HOD CAMPER 14 MOTHER'S MAIDEN NAME 6 harles Juvan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH 18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from October 15, 1940, to October 16, 19 50; that I last saw the deceased alive on Ochoby 16, 19 10 and that death occurred at 7 30 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGIS TRAR'S SIGNATURE LOCAL REGISTRAR

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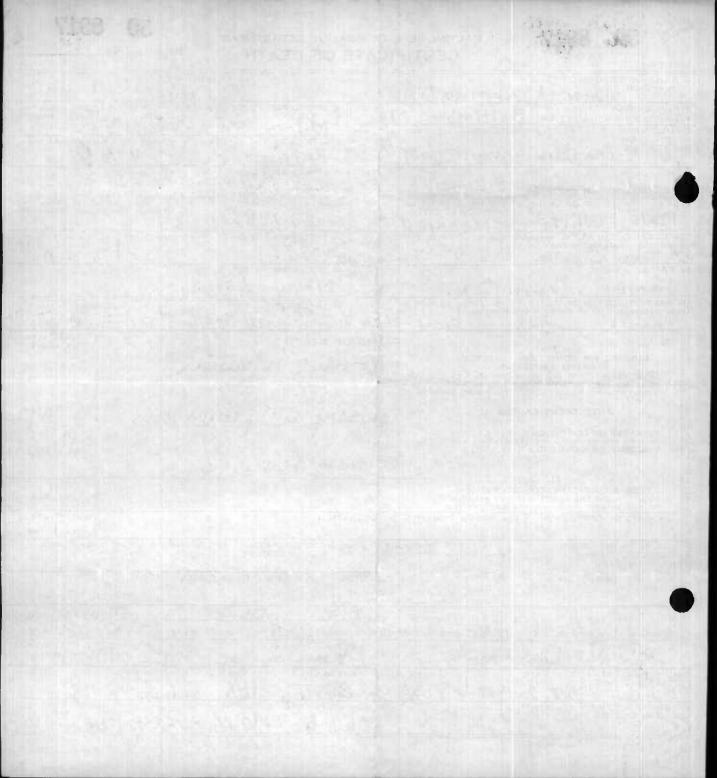
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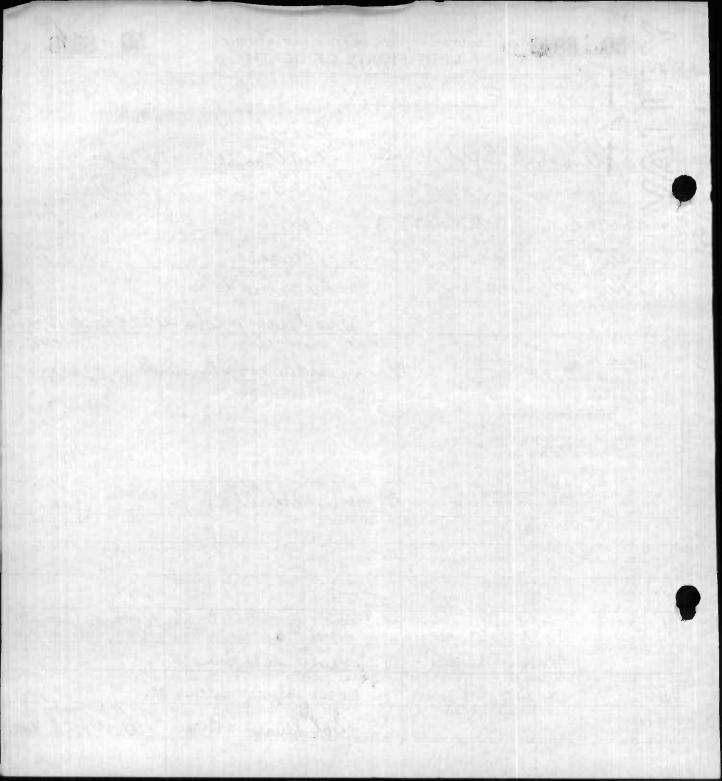
Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 10-17-50 (Type or Print) APPINGTON. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) -1444 COVINGTON B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION SQUARE HOSPITA township) BALTIMORE. Yrs. D. STREET ADDRESS (If rural, give location) Mos. OVINGTON ength of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 9. AGE (In years If Under I Year WED. DIVORCED (Specify) last birthday) Months; Days Hours; Min. MARRIED 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired). WHAT COUNTRY? . Baker & Fountain Supp Stationery Engineer 13. FATHER'S NAME ( 14 MOTHER'S MAIDEN NAME JAPPING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY no. 13-01-9624 INTERVAL BETWEEN 420. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID EDI (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from DX-15 1950 to OKX . 1950 that I last saw the ___ 1950, and that death occurred at 5:15 Am., from the causes and on the date stated above, deceased alive on Oct 16 23c. DATE SIGNED 234. SIQUATURE March 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY 24D. LOCATION (City, town, or county) REMOVAL (Specify Durial DO ON O DATE RECEIVED BY REGISTRAR LOCAL REGISTRAR



correct age is especially important. Physicians: please

061.0

C-500 50 8918 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No.	8918
1. NAME OF DECEASED TILUE COHEN 2. DATE OF DEATH /0-/	8-50
3. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION alunglab aged Home  C. CITY OR TOWN . (If outside corporate limits, we shall be addressed to the composition of the corporate limits, we have the corporate limits and the corporate limits, we have the corporate limits and the corporate limits.	rite RURAL and give township)
ength of stay in Baltimore 30 YRS. Mos. Days 4725 and Heighte	lne
Finale White Widow 1881  9. AGE 11 years It line  Finale White Widow Month	et l Year II Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dony doring most of working life even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  NOW NOME  11. BIRTHPLACE (State or foreign country)  Pussion  12	CITIZEN OF
Morrie Winoboun 14. Mother's Maiden NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mas . Land Jacobs -4725/	ack Height
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CON-	Jeans
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Jeans
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO NO
21A. ACCIDENT. SUICIDE.  About home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give about home, farm, factory, street, office bldg., etc.)	exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  MILE AT NOT WHILE AT WORK  MORK AT WORK	
22. I hereby certify that I attended the deceased from 9-25, 1950, to 10-18, 1950, deceased alive on 10-18, 1950, and that death occurred at 238. ADDRESS	that I last saw the date stated above.
23A. SIGNATURE Hung Nagel M.D. Sevudale Home	23c. DATE SIGNED
24a. BURIAL. CREMA- 24B. DATE V TION. REMOVAL (Specify) Burial 10-19-50 Hebrew Free Burial Society Ealto., Md.	county) (State)
DATE RECEIVED BY REGISTRARIS SIGNATURE LOCAL REGISTRAR	Vorth No
10 150 150 W. 150	- DUON UNE

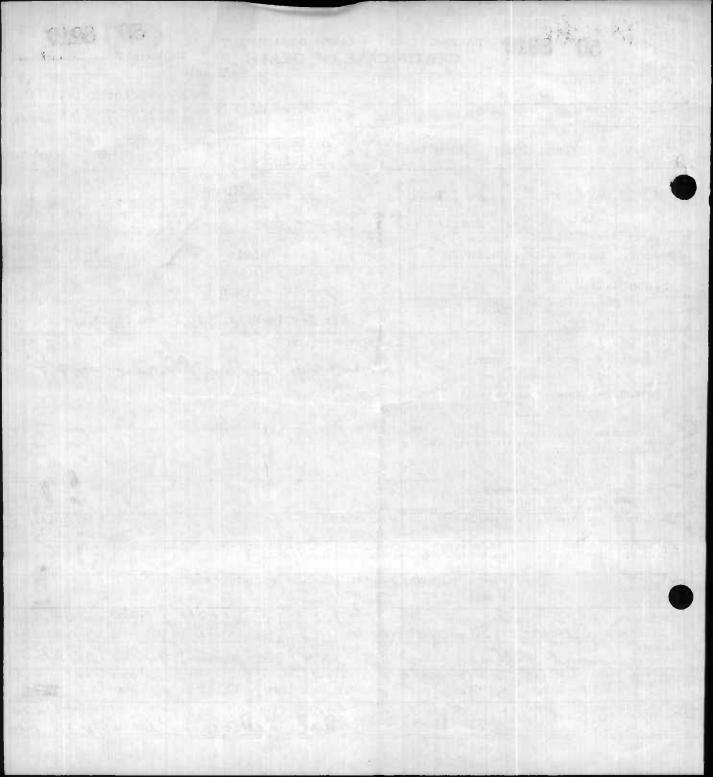


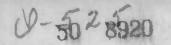
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#### BALTIMORE CITY HEALTH DEPARTMENT

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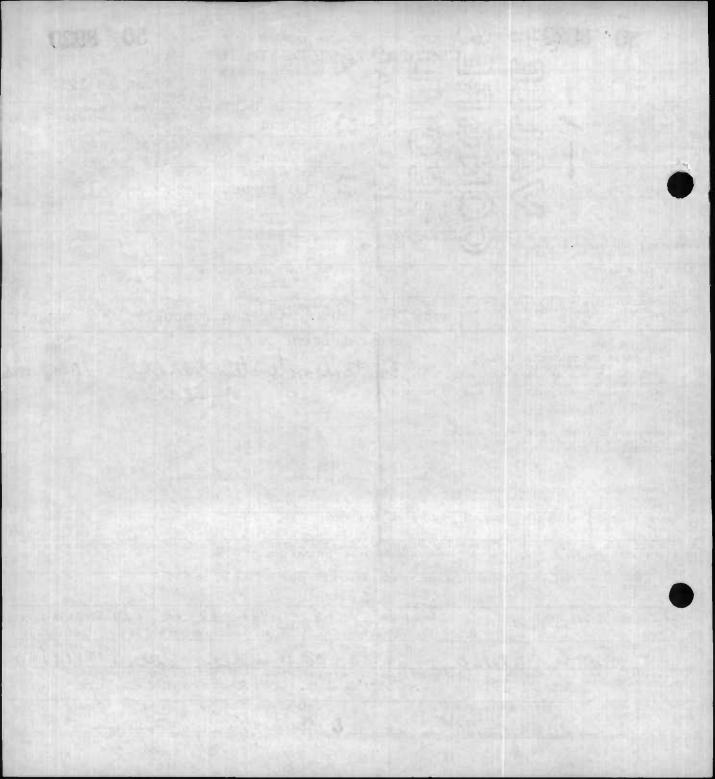
Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Louis Matz OF October 17,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Dic 150 A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Maryland General Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2238 Eutaw Place ength of stay in Baltimore 32 Yrs Davs 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Married May 15.1897 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Jewelery Business Own WHAT COUNTRY INDUSTRY Business Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Simon Matz Bessie Ulman 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO Mrs Jessie Matz 2238 Eutaw Place INTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH Coronary acting Disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) 218, PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WHILE AT 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 10/2 1950, and that death occurred at m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 23A. SIGNATURE Xaelens 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Burial October 19,1950 Hebrrw Rosedale Cemetery Baltimore Md REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150





Segistered No. 8920

BIRTH NO 1. NAME OF DECEASED Delia Ingham Oct 18 (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 1008 Augusta avenue Baltimore D. STREET ADDRESS (If rural, give location) Mos. 2 vrs 1008 Augusta Ave. ngth of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE If Under 1 Year 5. SEX 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) Nov 4 1879 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ****** Elizabeth Thomas Ingham 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) | (11 yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT Mrs. Lawrence Connolly 1008 Augusta (Yee, no or unknown) noSECURITY NO INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? Ξ 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) F INJURY WHILE AT NOT WHILE! WORK 18 , 1950, that I last saw the 22. I hereby certify that, I attended the deceased from. 19 50, and that death occurred at_ A. m., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23c. DATE SIGNED 23A. STONATURE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) 950 Amsterdam New York St. Mary's Cem. Oct ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 118 W. Mul. Kay al are



50 8921

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8921

1. NAME OF DECEASED 2. DATE (Type or Print) FIMMA COMOTTO October 16, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 25 S. Potomac St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years) SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | Munder | Year | Munder 24 Hours | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) White Sept. 10.1897 Female Marriad 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Marcal Comotto 25 5 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bullet wound of head (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X CAL 21c. WHERE DID 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TO OR CONTRIB-25 S. Potomac St. D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY Firearms Oct. 16. Pm. WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\Box$ , accident  $\Box$ , suicide  $\overleftarrow{\mathbf{x}}$ , homicide  $\Box$ , undetermined  $\Box$ . 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR..... Oct. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 246. DATE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS HOCKLINGS STRAR 853:4

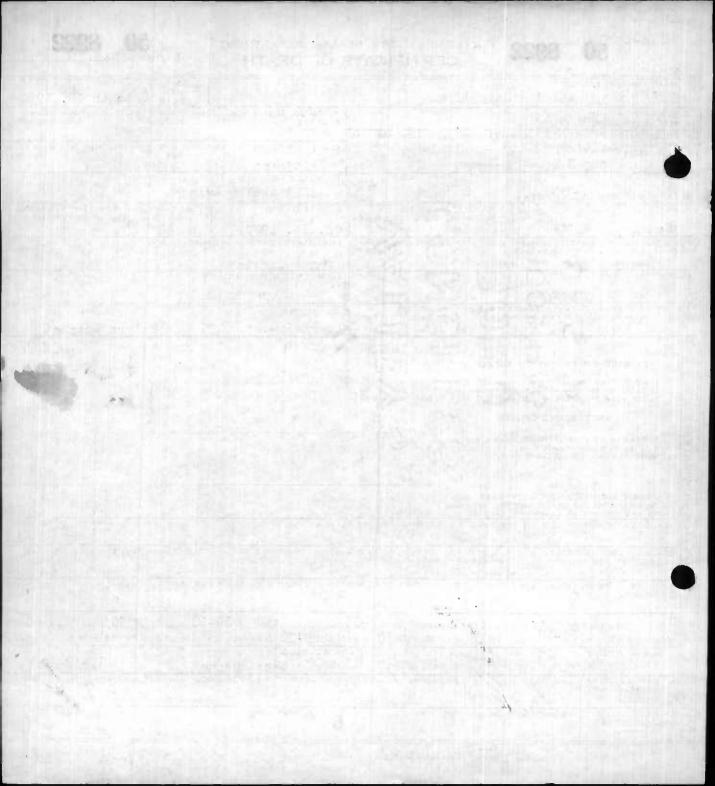
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8922

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

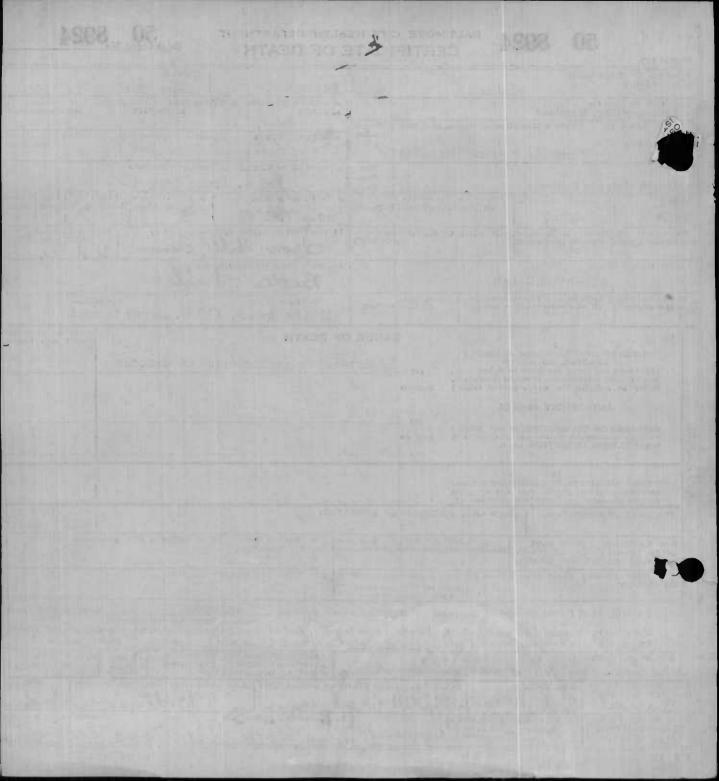
50 8922 Registered No.

BIRTH NO.						
	NAME OF DECEASED  ype or Print)  Beatrice	Ratcli	ffe		2. DATE OF DEATH Octob	per 18, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY before admission			
B. H	FULL NAME OF (If not in hospi OSPITAL OR Baltimore Ci	tal or institut	ion, give street address or i + a location)		If outside corporate limits	s. write BURAL and vive
IP	4940 Eastern	ATTONIO	Ivals	Baltimore	27-1	( township)
	4940 Pastern	nvenue	Yrs.	D. STREET ADDRESS (1	f rural, give location)	
c.	Length of stay in Baltimore	2	years Mos.	2213 Enslow	Avenue	
5.	SEX   6.COLOR OR RACE Female White	7. SINGL WIDOV Marri	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Pec. 20. 1907	9. AGE (In years list birthday) Mon	Under I Year nths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a dane during most of working fife, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Cyrus Bomberger			Florence	Morley	
15 (Ve	s, mn nr nnknnwn) (If yes, give war or det	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
( )	(		SECORITI NO.	Records: B. C. H	. 4940 Eastern	Avenue
	18. 490 X 1			OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION LEADING TO DEA	TH		monia both lungs		1 Week
heart failure authoria ata It manna tha diagana			aphyloccoccus			
	ANTECEDENT CAU	SES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
Ě	RISE TO THE ABOVE CAUSE (A	) STATING T				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
CER	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELAT	ŁD .			
	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?	
CAL	21A. ACCIDENT, SUICIDE,	218 PI	ACE OF INJURY (e.g.,	in nr   21c, WHERE DID	(If in Baltimore City, g	YES NO L
Q	HOMICIDE (Specify)		farm, factory, street, nffice bldg.,			
	21D. TIME (Month) (Day) (Year OF INJURY	(Hour)	21E. INJURY OCCURR		RY OCCUR?	
		m.	WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 0-13, 150, to 10-18, 1950, that I last saw the deceased alive on 10-18, and that death occurred at 4:30 Am., from the causes and on the date stated above.					
	23A. SIGNATURE	13-0-,		23B. ADDRESS	the causes and on th	23c. DATE SIGNED
	(M, C	109	es M.D.	4940 Eastern Aver	nue	10-18-50
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	18/50	24C. NAME OF CEMETE		reduch and	or county) (State)
D	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   1.5. FUNERAL DIRECTOR   ADDRESS					
C	T 1 81950					
	VS 150	instor /	Misses, Mall		1900 Su	taw Of.
	Daniel Comment	0 -	and make a second		/	08.0



2000.	6	26	CERTI	FICATE	CONNECTED	10-21-30	50	9099
		50	8923	BAI	CERTIFICATE	EALTH DEPARTMENT	OU Registered	8923 No
	BIRTH NO.						1,67	
	1. NAME OF DECEASED (Type or Print) JAMES HARGROVE				HARGROVE		OF DEATH Octo	ober 17, 1950
		3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (V		
		FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	Maryland		
	HOSPITAL OR location Provident Hospital					c. CITY OR TOWN (If	outside corporate lim	nits, write RURAL and give township)
ly.	Yrs.				Yrs.	D. STREET ADDRESS (If rural, give location)		
gip	c.	Length of s	tay in Baltimore	5 Year	Mos. Davs	1512.	Street	
19		SEX	6. COLOR OR RACE		E, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
and fegibly.		ale	Colored	Mar	/ED.DIVORCED (Specify)	June 26, 1924	26	Months Days Hours Min.
clearly			CUPATION (Give kind of of working life, even If retired)	100.00	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
lea		Labor		No.	0	Anderson, S.C.		U.5.A.
0	13	FATHER'S				14. MOTHER'S MAIDEN N.		
death			Dave Ha	rgrove		Guasie Gayte	on	
of de		. WAS DECEAS	(If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT usi at ron	Valle 113 Cm	ADDRESS
			210		0000	duspis as cerson	, DERO MILITO	Hay Takka
Physicians; please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Bullet wound of a bdomen with penetration of right common iliac artery Internal hemorrhage  (B)  DUE TO (C)						n e e e e e e e e e e e e e e e e e e e	
ysici	ERTI	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED			
	L C	19A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
important.	V		NAL CAUSE WAS	218. PL/	ACE OF INJURY (e. g., in		lf in Baltimore City,	give exact location)
ort	ō	UTING LI	CAUSE OF DEATH.   Street			Preston & Pennsylvania Avenue		Avenue
d'u		21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR				RED 21F. HOW DID INJURY OCCUR?		
ly 1	October 16, 1950 11:15Pm. WHILE AT NOT WHILE X Firearms							
		22. I certi	fy that I took char	ge of the		An	utopsy	thereon and from
especial	22. I certify that I took charge of the remains described above, held an Autopsy thereof the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day st and death in my opinion resulted from: natural causes $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermine							the day stated above,
se is		23A. SIGNA		De	ulacker M	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 2	10-17-50
ect age		A. BURIAL.		50		RY OR CREMATORY 240,		n, or county) (State)
correct	DI	ATE RECEIVE			KE, C	2 PUNERAL DIRECTOR	en loro k	2 fully any
	V	S 151	N 868.4	De la companya della companya della companya de la companya della	The state of the s	10,10		1660

especially



deceased alive on 10-15 19.50 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE 23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL. CREMA 24B. DATE TION REMOVAL (Specify)

24C NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

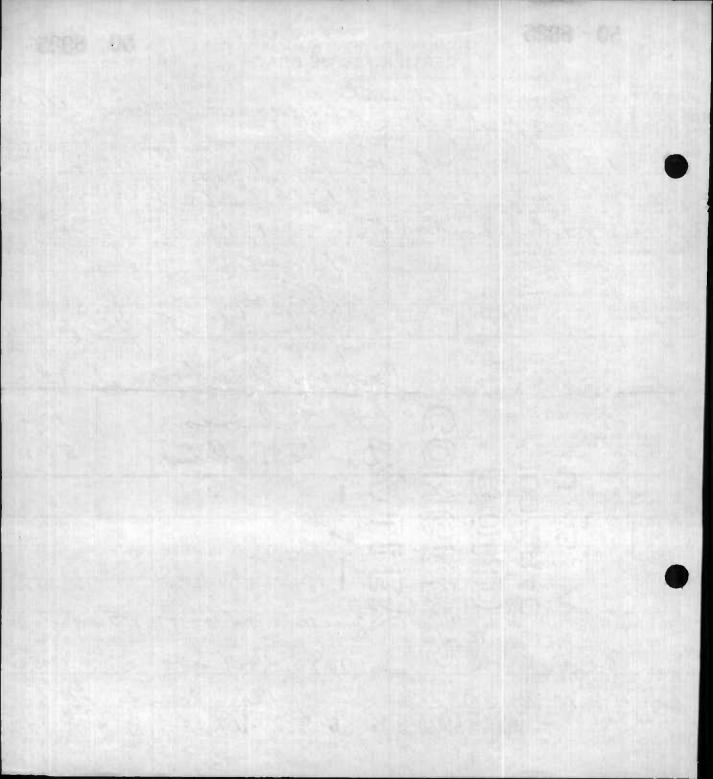
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATUR

1989

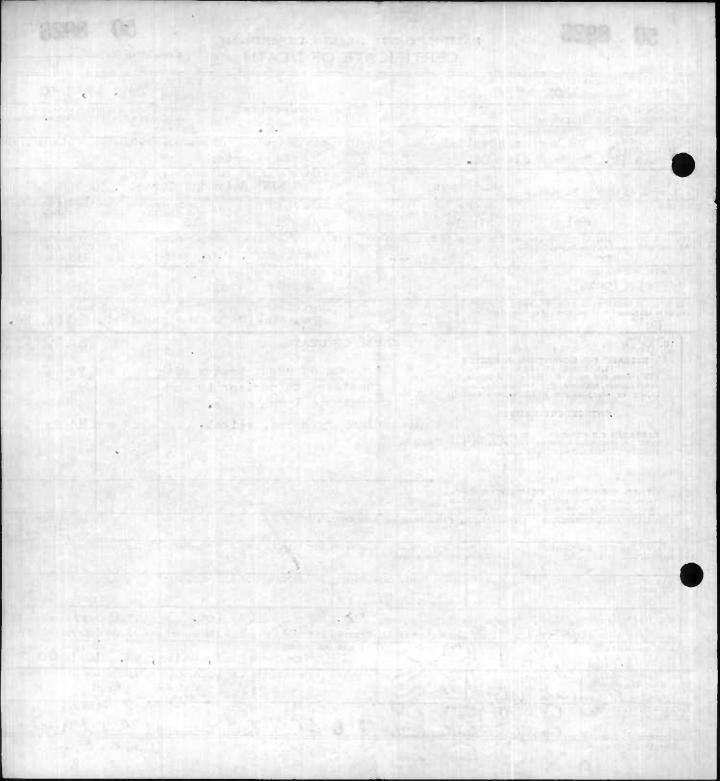
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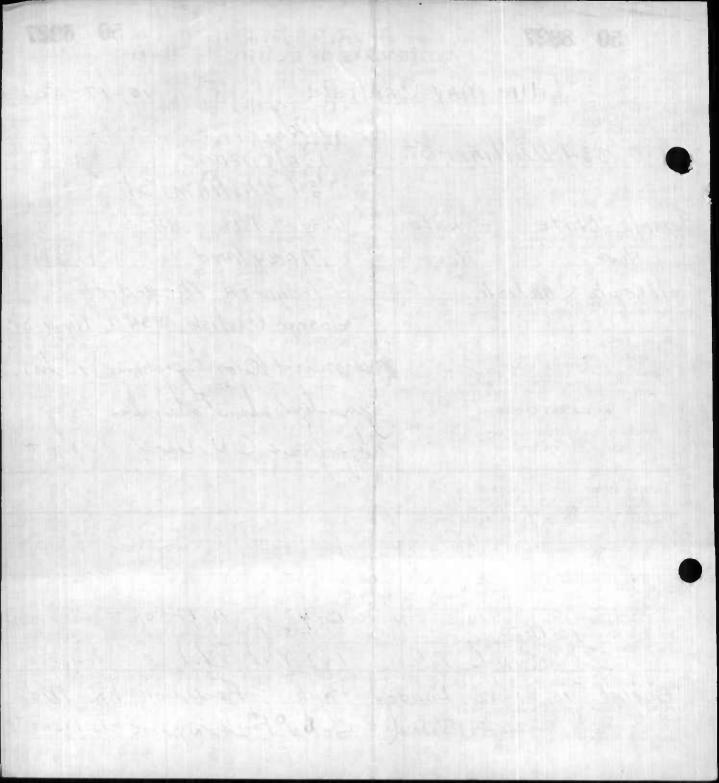
important.

especially



0CT 1 vs 150

LOCAL REGISTRAR



Segistered No. 8928

E	BIRTH NO.	L OF BEATH		
	. NAME OF DECEASED Type or Print) MAMIE HARRISON		2. DATE OF	
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (	DEATH Septe Where deceased lived. I B. COUNTY	f institution : residence
B	FULL NAME OF (If not in hospital or institution, give street address or location)	Maryland		before admission)
	Baltimore City Hospital	Baltimore	26	township)
	Yrs. Mos. Length of stay in Baltimore Days	Baltimore City		P:
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (ln years)	
10	female   colored   U	11. BARTHPLACE (State or f	oreign country)	12. CITIZEN OF
	rk done during most of working life, even if retired)  K  INDUSTRY	K		WHAT COUNTRY:
	3. FATHER'S NAME N	14. MOTHER'S MAIDEN N	AME	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? W 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
RTIFICATION	neart failure, asthema, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	le fractures invo		and
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
LO	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.	ATION		20. AUTOPSY?
DICA	218. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. UTING CAUSE OF DEATH.  10. TIME (Month) (Day) (Year) (Hour)  OF INJURY  218. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidge, expected by and the evidence obtained by said Autopsy, Inspection or Industry.	Pennsylvania fi  ZIF. HOW DID INJURY  Accidentally r  bove, held an Inquiry  Autopsy, inquiry, find that said d	un over by t  Linspection or Inquiry  eceased died on to	Bayview rain n thereon and from he day stated above,
	and death in my opinion resulted from: natural causes	238 CHIEF MEDICAL	EXAMINER 2	3c. DATE SIGNED
2 TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)  24B. DATE 24C. NAME OF CEMETER	.D. ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. L	OCATION (City, town	ept. 5, 1950 , or county) (State)
- D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	MPSTY MEDICAL SCHOOL & 25, FURERAL DIRECTOR COMMISSIONER	EP 2 5 1950 I Health	ADDRESS
v	S 151 N 804.2	1. 1. 1.	V	1690

State of the last of the last

BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	1 NO.		
1. NAME OF D	DECEASED				2. DATE			
(Type or Print)	WITTITAL	T DI	ROWN Jr.		OF DEATH OC	7.04% 7.050		
3. PLACE OF D	EATH:	-	Wall of		CE (Where deceased lived.			
	City, Maryland	1 1 11 11		A. STATE	B. COUNTY	before admission)		
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institution	on, give street address or location)	c. CITY OR TOWN	(If outside corporate liv	nits, write RURAL and give		
TITUTION	Montal	-77. TP.			9 9	township)		
6	2409 Monteb	erro re	errace Yrs.	Baltimore	(If rural, give location)			
			Mos.					
c. Length of s	stay in Baltimore		Days . MARRIED.	8. DATE OF BIRTH	ebello Terra	nce		
5. 56.	O. COLOR OR RACE	WIDOW	ED, DIVORCED (Specify)	O. DATE OF BIRTH	last birthday)	Months Days Hours Min.		
M	C	Mary		6/9/1910	40	4 7		
work done during most	CCUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Salesm	ian.	Automo	1 // 1	Calvert Co	ounty. Md	II.S.A		
13. FATHER'S	NAME		***	Calvert Co	EN NAME			
Wm - T	. Brown Sr			Mary Brooks				
15. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			ADDRESS		
	(If yes, give war or date	e of service)	SECURITY NO.	17. INFORMANTVA				
No	No				Brown (M) 241	INTERVAL BETWEEN		
18. 42	01/		CAUSE	OF DEATH		ONSET AND DEATH		
DISEA	SE OR CONDITION LEADING TO DEA		0.	. 18	/	111-10		
	s not mean the mode	of dying, e. g		nary Oc	elucione	24-25 lise		
	ure, asthenia, etc. It mea complication which							
18 97 NO. 13	ANITECEDENIT CALL	250						
Z	ANTECEDENT CAUSES							
DISEASE	DISEASES OR CONDITIONS, IF ANY, GIVING							
UNDERL	THE ABOVE CAUSE (A)		E DUE TO					
DISEASE RISE TO UNDERLU								
는	11		(C)					
	SIGNIFICANT COND							
	G TO THE DEATH, BUT DISEASE OR CONDITION							
	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?		
21A. ACCID						YES NO		
21A. ACCID	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., i irm,factory,etreet,office bldg.,			y, give exact location)		
Homicibe	(2)							
	(Month) (Day) (Year	(Hour)	TE. INJURY OCCURR	ED 21F. HOW DID II	NJURY OCCUR?			
OF INJURY			HILE AT NOT WHILE					
		m.	WORK AT WORK	15 1053	100/11 10	A-A.1 . 7 2		
22. I herel	by certify that I at	tended the	deceased from	11, 1930	to, 19	Othat I last saw the		
deceased a	live on the	, 1950,	and that death occur	rred at 14.400	tow the causes and or	the date stated above.		
23A. SIGNATURE 23B. ADDRESS						23c. DATE SIGNED		
111	and	car	м. D.	803 20,	J/reme	wn, or county) (State)		
24A. BURIAL. TION, REMOVAL (	Specify)		4c. NAME of CEMETE	RYORCREMATORY	24b. LOCATION (City, to	wn, or country) (state)		
Burial	10/19,	50 1	Arbutus Mem	1. Pk.   F	Balto. County	r, Md		
DATE RECEIVE	ED BY REGISTRAR	S SIGNATU	REN O	25. FUNERAL DIREC	TOR	ADDRESS		
OCAL REGIST		1-1V	Treche Mill	Chus HEN	512 N.	Carrollton A		
-116-1-1-1-1	LU LULA	4/50 / 10	<u> </u>	1				
VS 150		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 MARTINE WAS 11 9 C	1		094a		
			776	000				

· 15155 10-

23A, SIGNATURE

238. ADDRESS 030 24D COCATION (City, town, or county)

24A. BURIAL, CREMA-TION REMOVAL (Specify)

24B. DATE

ondon

DATE RECEIVED BY LOCAL REGISTRAR

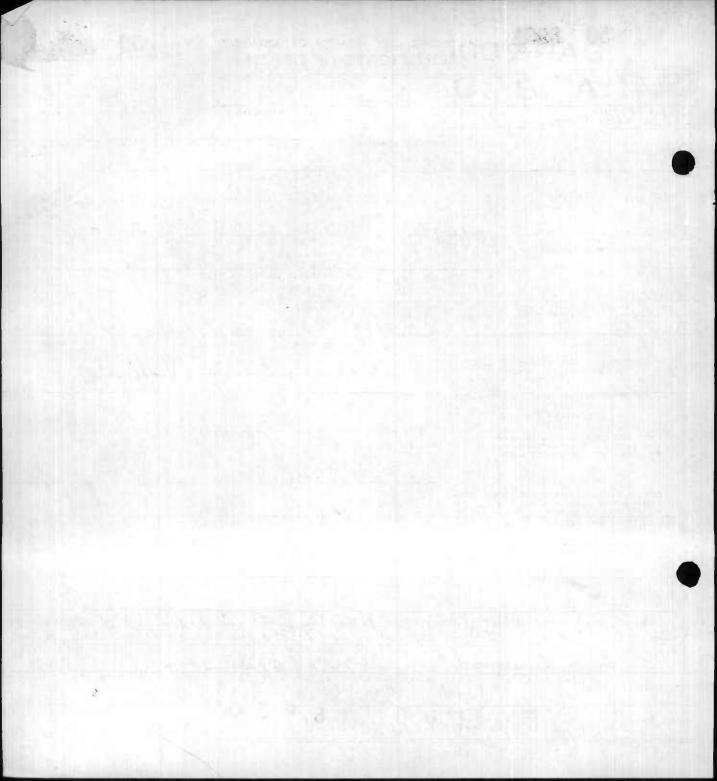
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

# 50 8931 BALTIMORE CITY HEALTH DEPARTMENT

T 50 8931

BIRTH NO.	CERTIFICATE OF BI	-A111
1. NAME OF DECEASED (Type or Print)	9 511	2. DATE OF O
3. PLACE OF DEATH:	h. Magee	DEATH (CT 15 1950
A. Baltimore City, Maryland Balte	and . A. STATE	RESIDENCE (Where deceased lived, If institution: residence B, COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR		raryland
INSTITUTION ACLIS SI	c. CITY OR	TOWN (If outside corporate limits, write RURAL and give township)
a 8/3 Au	ASON YT. D. STREET	ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Mos.	3 Hudson St.
	LE. MARKIED.  Days   2   2   2   2   2   2   2   2   2	BIRTH 9. AGE (In years) If Under I Year   If linder 24 Hours
		last birthday) Months Days Hours Min.
NOA. USUAL OCCUPATION (Givekind of 10B. KI		ACE (State or foreign country)   12. CITIZEN OF
orsetiere (actived)	INDUSTRY BUST	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHEI	R'S MAIDEN NAME
Simon Magee	Bail	and Lander
15. WAS DECEASED EVER IN U. S. ARMED FORCES		ANT ADDRESS PA
(Yes, no or unknown) (If yes, give war or dates of service)	212-10-8860 Mrs	Margaret Demand 58/3 Hudson
18. 15 2 v	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	Carring	- Ceacum ( diaprichle)
heart failure, asthenia, etc. It means the dis injury or complication which caused de	ease,	7
	still, j Soc 10	
ANTECEDENT CAUSES	(8)	
DISEASES OR CONDITIONS, IF ANY, GI	VING	
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS		
E .	(C)	
OTHER SIGNIFICANT CONDITIONS		
TRIBUTING TO THE DEATH, BUT NOT REL	ATED	
	OR FINDINGS OF OPERATION	20. AUTOPSY?
V 214 ACCIDENT SUICIDE 218 E		YES NO
		IERE DID (If in Baltimore City, give exact location) OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		W DID INJURY OCCUR?
m.	WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended to	ne deceased from fcz. 15	7, 1957, to Oct. 13, 1953, that I last saw the Pm., from the eauses and on the date stated above.
deceased alive of 14, 1950	2. and that death pecurred at 22	Pm., from the eauses and on the date stated above.
		23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	124C, NAME OF CEMETERY OR CREMA	TORY   24b. LOCATION (City, town, or county) (State)
TION REMOVAL (Specify)	N 1 O A D D	12 14
DATE RECEIVED BY   REGISTRAR'S SIGNA	TURE Y Catherbrai	L DIRECTOR ADDRESS
LOCAL REGISTRAR	William Co	0 10 0 20 21 1
-0CT191950	John John	I Wudavne 2827 Hudson
Vs 150	Li wine play. Li	0



#### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Mary E. Brown	2. DATE OF Oct. 17,1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COLUNTY before admission)
HOSPITAL OR INSTITUTION 1132 W. North Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location) 1132 W. North Ave.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Female   Colored   Widow	B. DATE OF BIRTH  March 11, 1874  9. AGE (In years Il Under I Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U. S. A
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Hariet Preston
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Hattie B. Douglas North Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ten Solers
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER  U 211 ACCIDENT SUICIDE   215 PLACE OF INJURY (5.7.15	ATION   20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, form, factory, etreet, office bldg., e	
D. TIME (Month) (Day) (Year) (Hour)    D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRING	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on 10/16, 19, 0, and that death occur	red at m., from the causes and on the date stated above.  38. ADDRESS  123C. DATE SIGNED  10/18/50
,	RY OR CREMATORY 242 OCATION (City, tylvn, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE COCAL REGISTRAR'S SIGNATURE OF THE COLOR OF	MA + rancis a. Hensley Biddle
VS 150	1 6

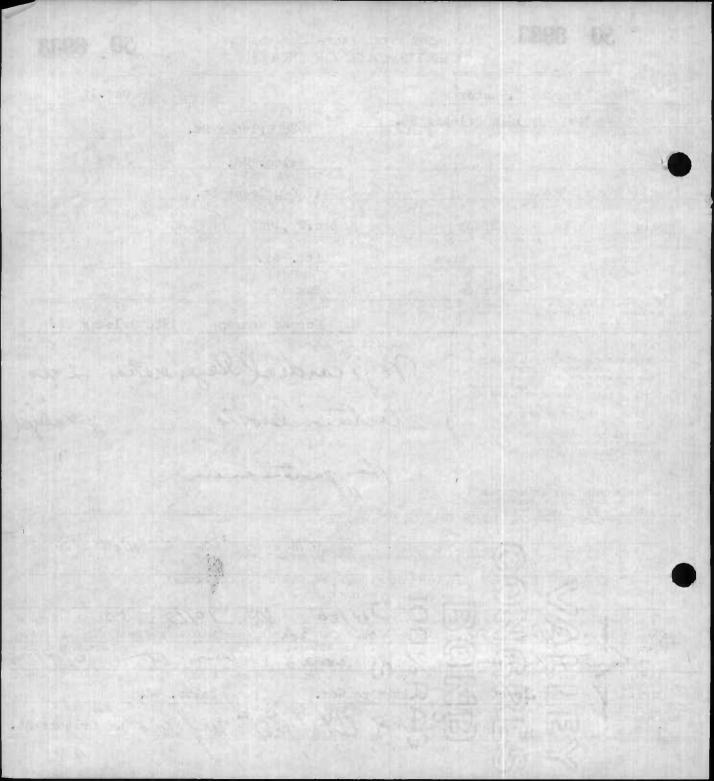
Sign Charles Register Contraction of Marine, Wallet Con 130 Tomas Colonia Colonia

3 50 8933

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

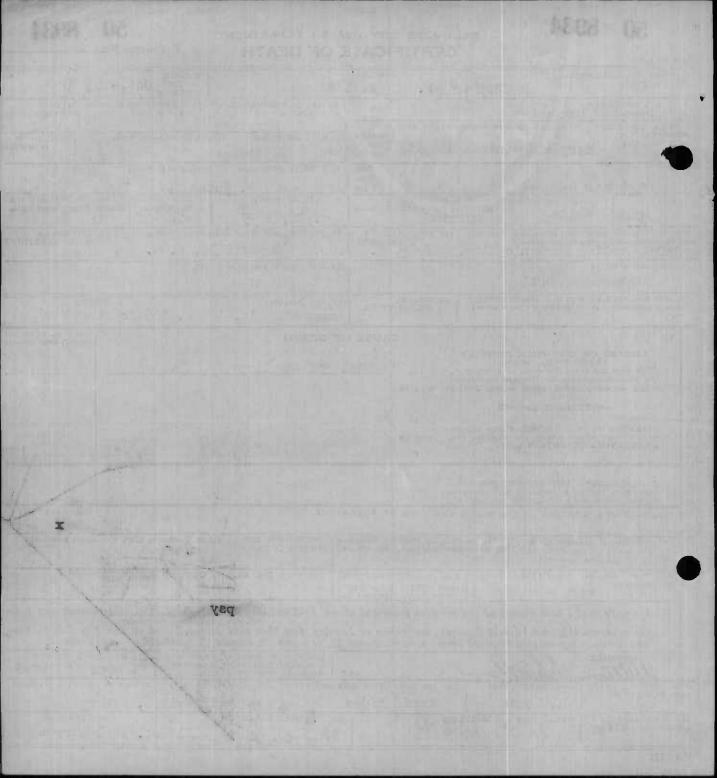
Registered 0 8933

81	RTH NO.			CERTIFICAT	E OF DEATI	H Register	red No.
1. NAME OF DECEASED (Type or Print)  Martha E. Hunter						2. DATE OF DEATH	Oct.17/50
a. Baltimore City. Maryland 1926 Orleans St.  B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE		ed. If institution: residence Y before admission)
HC	SPITAL OR STITUTION			location		tlf outside comorate	limits, write RURAL and give township)
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
	Length of s	tay in Baltimore		Life Days	1926 Orleans St.		
	Female	White	Widow	MARRIED. ED, DIVORCED (Specify	Dec.27,186	last birthday	Months: Days Hours Min.
	done during most	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	non		n	one	Balto. Md.		
13	. FATHER'S		-Jordon		14. MOTHER'S MA Unknown	IDEN NAME	
		ED EVER IN U. S. ARMEI (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SECONTI NO.	Norman J	ohson 1926	Orleans St.
ERTIFICATION	heart failt injury or DISEASE RISE TD UNDERL OTHER:	SE OR CONDITION LEADING TO DEA's not mean the mode one, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LASTING TO THE DEATH, BUT DISEASE OR CONDITION	TH  of dying, e.g.,  of dying, e.g.,  ons the disease  caused death.  SES  F ANY, GIVING  STATING THE  AST.  ITIONS CON  NOT RELATE	(E) DUE TO	rcardia tenorelas perten	Plezenoñ rris	tean 2 yes.  genelyed
AL				FINDINGS OF OPE	RATION		20. AUTOPSY?
FDIC	HOMICIDE	ENT. SUICIDE. (Specify) (Month) (Day) (Year)	about home, fa	CE OF INJURY (e. g., rm, factory, street, office bldg.	,etc.) INJURY OCCU	ID (If in Baltimore (R?	City, give exact location)
þ	OF INJURY	(Monthly (Day) (1 car)	w	HILE AT NOT WHILE WORK AT WORK			
	22. I hereby certify that I attended the deceased from 1/20, 198, to 10/17, 195 Phat I last saw t deceased alive on 10/16, 1950, and that death occurred at 3 4 m., from the causes and on the date stated about						
	23A. SIGNA		_, 19 <b>.30</b> , a		23B. ADDRESS	, from the causes and	23c. DATE SIGNED
	ZSA. SIGNA	mis 7. /c	lini	es M.D.	2623 €	. Ven. It	10/18/50
710	Burial	Specify)	/50 2	4c. NAME OF CEMET		, Balto. Md.	
	ATE RECEIVE	TRAR	SSIGNAPUL	liqued Man-	20 FUNERAL DIR	ECTOR AND AND	ADDRESS 2026 Orleans St.
-	VS 150	230	3	1/2 Az (),	10000		

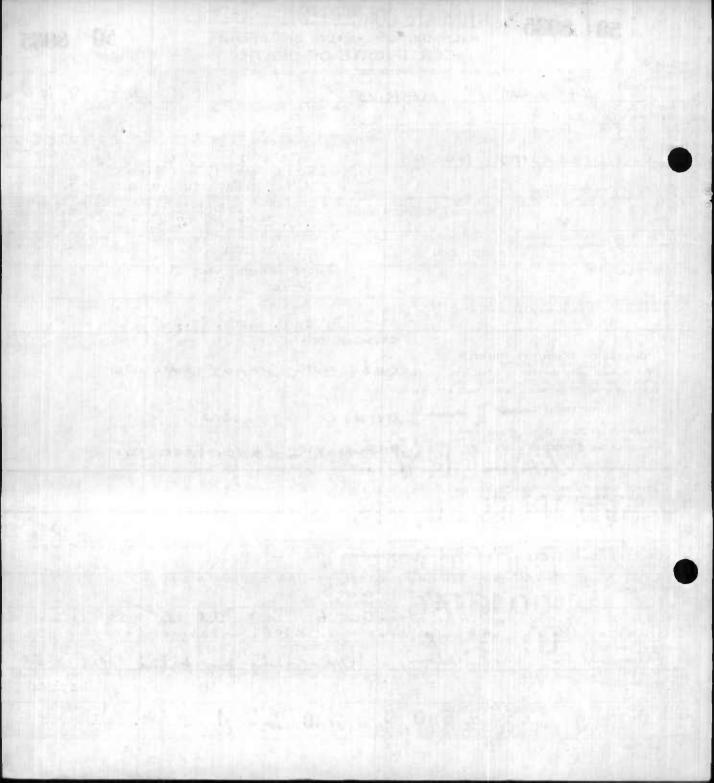


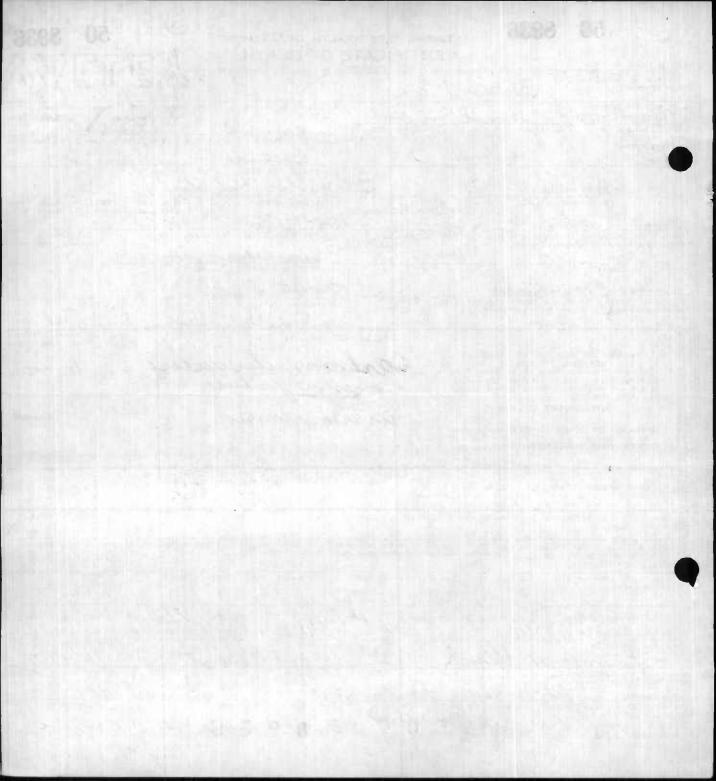
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.
1.	NAME OF D		NJAMIN	F. BUTI	LER	2. DATE OCT.	15, 1950
	s. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE	(Where deceased lived, I	f institution: residence before admission)
В.	B. FULL NAME OF If not in hospital or institution, give street address of				Marylan	d	
H	HOSPITAL OR Maryland General Hospital				c. CITY OR TOWN (Baltimor	A 8	its, write RURAL and give township
				Yrs. Mos.	D. STREET ADDRESS (	jun .	1/1/1 8-
1	c. Length of stay in Baltimore Days				821 N. E	utah St. E	If Under 1 Year   If Under 24 Hours
3	Male	White	WIDOV	ved, divorced (Specify)	Nov. 26, 1895	last birthday) M	Ionths Days Hours Min.
1 (	10A. USUAL OCCUPATION (Give hinder to be considered to be				11. BIRTHPLACE (State or .Co. Greenvi	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	Un' 1	nown Butle	r		Unknown		
(Y)	5. WAS DECEASI m, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Reese Muchols,		Strent
	18. 58	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
ERTIFICATION	DISEASE RISE TO T UNDERL'	s not mean the mode of the complication which complication which of the complication which of the complication which of the complication of the co	ins the disea aused deat SES F ANY, GIVI STATING T ST.	Se,	is of the liver		
CE					RATION		20. AUTOPSY?
ICAL	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB-	about bome,	ACE OF INJURY (e. g., i	2 or 21c. WHERE DID otc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	the en	idence obtained by eath in my opinion	ge of the	remains described of the constant of the const	Inquiry, find that said  S ⋈, accident □, suicic  238. CHIEF MEDICAL  ASSISTANT MEDICAL  I.D. MEDICAL INVESTIG.	deceased died on a le, homicide, Lexaminer 2 Lexaminer 2	the day stated above undetermined []. 33. DATE SIGNED Oct. 16, 1950
	ON, REMOVAL (S	248. DATE 10/19/5	0	Druid Ridg	e "	Pikesville,	Veryland
	OCAL REGIST	D BY   REGISTRAR	SSIGNAT	Hilliams, Mi	25. FUNERAL DIALCTON	e 1217 St. I	ADDRESS Street
V	S 151			5540	64		1241-



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARG-AKET KERNS DEATH OCT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Raltimore UNIVERSITY H050. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2847 W. Lafavette Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 1896 9. AGE (in years 5. SEX 7. SINGLE MARRIED If Under | Year last birthday) Months; Days Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY West Virginia WHAT COUNTRY? own home housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ford Morria 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Philip E. Kerns, Jr., 2921 Church Rd. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH WCON GESTIVE HEART (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES STENOSIJ MITRAL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) RHEUMATIC CARDIOVASC. DIS 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or ) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from Oct 6 , 1956 to Oct 18, , 1956 that I last saw the deceased alive on OI 18, 1950, and that death occurred at 2:30 hm., from the causes and on the date stated above. 23A. SIGNATURE 23a. ADDRESS 23c. DATE SIGNED middleton Edmund B. Ox 18,50 M. D. University 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24p. LOCATION (City, town, or county) Baltimore. Masyland New Cathedral burial DATE RECEIVED BY I REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRATO 1217 St. Paul Street VS 150 092/

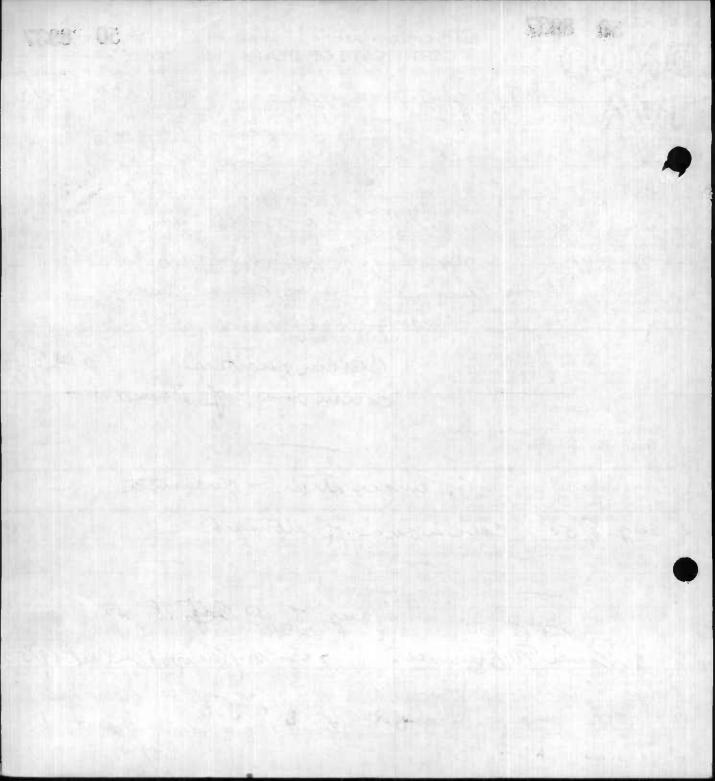




#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH ( 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give screet address or B. FULL NAME OF altemore HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN STITUTION township) Citis o. STREET ADDRESS (If rural give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH O. AGE IIn years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY Househvile omerset la. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME usu rances Dradle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 20-03-0221 5/5 INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 正 RT 11 Emecialysi - anema OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION arden our 218, PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from Gue , 1950, and that death occurred at 2 of m., from the causes and on the date stated above. deceased alive on QCh 18 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED (eurord CREMA-I 24A. BURIAL. TION, REMOVAL (Specify) RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS

Krumler

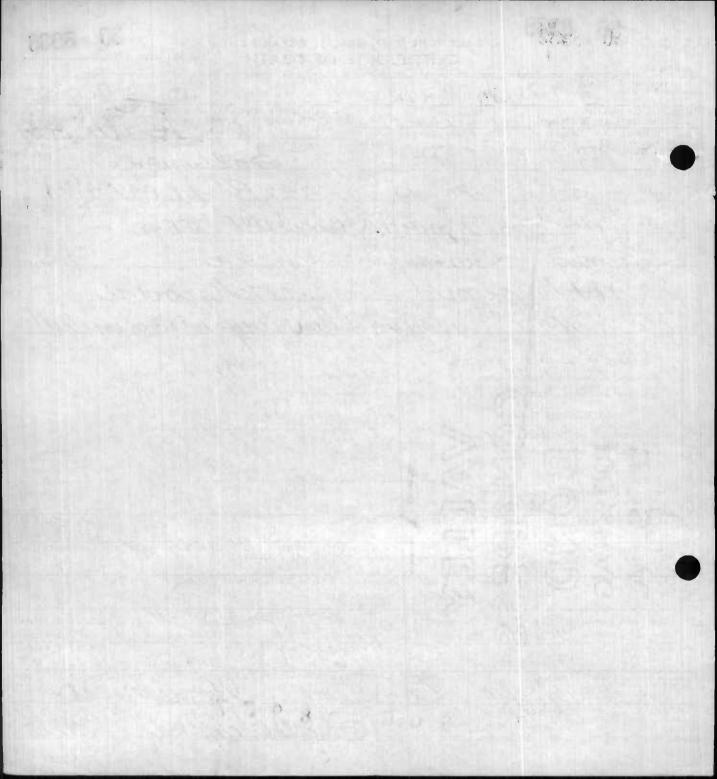


correct age is especially important. Enysicians: piease write the causes of death clearly and regiony.

#### BALTIMORE CITY HEALTH DEPARTMENT

50 8938
Registered No.

	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
1.	NAME OF DECEASED	^		2. DATE			
(T	ype of Print) HENRY	CHIN	State of the state	OF 18	DCT 50		
	PLACE OF DEATH: Baltimore City, Maryland 29-2	2- Canaal	4. USUAL RESIDENCE (WI		stitution; residence beforgadmission)		
	FULL NAME OF (If not in hospital or institu	ution, give street address or	ma	1301	1 P. 1.1		
	SPITAL OR Good Samaritan	location)	C. CITY OR TOWN (If o	utside corporate limits,			
	De la Case	AA	1300	limone.	township)		
-	Jaj W. Carry	Yrs.	D. STREET ADDRESS (If ru	ral, give location)			
_	Length of stay in Baltimore	Mos.	245 Pag	1 1006/	4-01		
		Days Days LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) # Uni	der i Year   If Under 24 Hours		
2		WED DIVORCED (Special)	96-11005		hs Days Hours Min.		
10	A. USUAL OCCUPATION (Give kind of 10B. KIN	OF BUSINESS OR	11. BIRTHPLACE (State or for	V J 42 -			
work	done during Doet of working life, even if retired)	OF BUSINESS OR INDUSTRY	o o	eigh country)	WHAT COUNTRY?		
<	Leumany Xu	under-SEC)	China		4.0,		
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	_ marsmous	u/	218118	MAIM			
	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	ADS	PRESS /		
(	NONO	SECURITY NO.	Chief diesel-	10/13 de	20/01/		
	10 1/0	CALICE	OF DEATH	000000	INTERVAL BETWEEN		
	18. 163× 1		OF DEATH		ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Par	· of the	le			
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise		una of the	rung			
	injury or complication which caused dea		X	1			
	ANTECEDENT CAUSES		U	()			
Z							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
3 1	UNDERLYING CONDITION LAST.						
X							
$\cup$		(6)					
FIC	n	(C)					
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELA	ON - TED	<u> </u>				
FIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ON - TED IT.	ATION		20 AUTOPSV2		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	ON - TED	ATION		20. AUTOPSY?		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO	ON. TED IT. R FINDINGS OF OPER		in Baltimore City, giv.	YES NO		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, 21B. PI	ON - TED IT.	or 21c. WHERE DID (If	in Baltimore City, give	YES NO		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PI	ON . TED IT. R FINDINGS OF OPER  _ACE OF INJURY (e. g., lr., farm, factory, street, office bldg., e	or 21c. WHERE DID (If INJURY OCCUR?		YES NO		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PI	ON- ITED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., In e, farm, factory, street, office bldg., e	or 21c. WHERE DID (If INJURY OCCUR?		YES NO		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. Pleabout home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., li e, farm, factory, street, office bidg., e  2 1E. INJURY OCCURRI  WHILE AT NOT WHILE WORK AT WORK	21c. WHERE DID (If INJURY OCCUR?	occur?	YES NO e exact location)		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. Pleabout home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., li e, farm, factory, street, office bidg., e  2 1E. INJURY OCCURRI  WHILE AT NOT WHILE WORK AT WORK	21c. WHERE DID (If INJURY OCCUR?	occur?	YES NO e exact location)		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. Pleabout home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	ON- TED IT.  R FINDINGS OF OPER  ACE OF INJURY (e. g., li e, farm, factory, street, office bidg., e  2 1E. INJURY OCCURRI  WHILE AT NOT WHILE WORK AT WORK	21c. WHERE DID (If INJURY OCCUR?	OCCUR?	YES NO e exact location)  that I last saw the		
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PI about home  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on 17 0 1, 19 50	ACE OF INJURY (e.g., he, farm, factory, street, office bldg., e  2 1E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK  e deceased from 7  and that death occur	21c. WHERE DID (If INJURY OCCUR?	OCCUR?  PQP, 1950, c causes and on the	ves No e exact location)  that I last saw the date stated above,		
ICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PI HOMICIDE (Specify) about home  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.  22. I hereby certify that I attended the deceased alive on 17 Oct., 19 50  23. SIGNATURE A Comm.	ACE OF INJURY (e.g., he, farm, factory, street, office bldg., e  2 1E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK  e deceased from 7  and that death occur	21c. WHERE DID (If injury occur?  ED 21f. HOW DID INJURY  Of 1950, to 1  red at 400 Am., from th  35. ADDRESS	POA, 1950, c causes and on the	that I last saw the date stated above, 23c. DATE SIGNED		
ICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PI HOMICIDE (Specify) about home  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.  22. I hereby certify that I attended the deceased alive on 17 Oct., 19 50  23. SIGNATURE A Comm.	ACE OF INJURY (e.g., he, farm, factory, street, office bldg., e  2 1E. INJURY OCCURRING WHILE AT NOT WHILE AT NOT WHILE AT WORK  e deceased from 7  and that death occur	a or 21c. WHERE DID (If to.) INJURY OCCUR?  ED 21f. HOW DID INJURY  20 f 1950, to 1  Tred at Y 0 m., from th  38. ADDRESS	C causes and on the	that I last saw the date stated above, 23c. DATE SIGNED		
DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PI about home  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on 17 Oct., 19 50  23. SIGNATURE  THE MAN AND ALE DATE  OF REMOVAL (Specify)	ACE OF INJURY (e. g., ln., farm, factory, street, office bldg., e.	a or 21c. WHERE DID (If to.) INJURY OCCUR?  ED 21f. HOW DID INJURY  20 f 1950, to 1  Tred at Y 0 m., from th  38. ADDRESS	POA, 1950, c causes and on the	that I last saw the date stated above, 23c. DATE SIGNED		
OLCIAN DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PI about home 19B. MAJO  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.  22. I hereby certify that I attended the deceased alive on 17 Oct 19 50 23 61GNATURE TO COLUMN 19 50 17 19 50 23 61GNATURE TO COLUMN 19B. BURIAL. CREMA: 24B. DATE OF REMOVAL (Specify) 19B. MAJO  ATE RECEIVED BY REGISTRAR'S SIGNAT	ACE OF INJURY (e. g., Ine, farm, factory, street, office bldg., e. 21e. INJURY OCCURRING WHILE AT WORK AT WORK e deceased from and that death occur and the death occ	a or 21c. WHERE DID (If to.) INJURY OCCUR?  ED 21f. HOW DID INJURY  20 f 1950, to 1  Tred at Y 0 m., from th  38. ADDRESS	Causes and on the	that I last saw the date stated above, 23c. DATE SIGNED		
OLCIAN DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PL HOMICIDE (Specify) about home  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on 17 Oct 19 50  23. SIGNATURE  THE PROVAL (Specify)  ALL REGISTRAR REGISTRAR'S SIGNAT  DISTANCE TO THE PROVAL OF THE PR	ACE OF INJURY (e.g., Inc., farm, factory, street, office bldg., e.g., farm, factory,	21c. WHERE DID (If injury occur?  ED 21f. HOW DID INJURY  Tred at 40 Am., from the grand of CREMATORY 240 TO AM.)	Causes and on the	that I last saw the date stated above. 23c. DATE SIGNED (State)		
OLCIAN DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PI about home 19B. MAJO  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  m.  22. I hereby certify that I attended the deceased alive on 17 Oct 1950  23. SIGNATURE  14. BURIAL, CREMA. 24B. DATE  15. REMOVAL (Specify)  ATE RECEIVED BY CALL REGISTRAR'S SIGNATIONAL CALL REGISTRAR  15. REGISTRAR  16. REGISTRAR  17. REGISTRAR'S SIGNATIONAL CALL REGISTRAR'S SIGNATIONAL CALL REGISTRAR  16. REGISTRAR  17. REGISTRAR  18. REGISTRAR'S SIGNATIONAL CALL REGISTRAR  18. REGISTRAR'S SIGNATIONAL CALL REGISTRAR  19. REMOVAL (Specify)	ACE OF INJURY (e. g., Ine, farm, factory, street, office bldg., e. 21e. INJURY OCCURRING WHILE AT WORK AT WORK e deceased from and that death occur and the death occ	21c. WHERE DID (If injury occur?  ED 21f. HOW DID INJURY  Tred at 40 Am., from the grand of CREMATORY 240 TO AM.)	Causes and on the	that I last saw the date stated above. 23c. DATE SIGNED (State)		
OLCIAN DICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING  19A. DATE OF OPERATION 19B. MAJO  21A. ACCIDENT, SUICIDE. 21B. PL HOMICIDE (Specify) about home  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  m.  22. I hereby certify that I attended the deceased alive on 17 Oct 19 50  23. SIGNATURE  THE PROVAL (Specify)  ALL REGISTRAR REGISTRAR'S SIGNAT  DISTANCE TO THE PROVAL OF THE PR	ACE OF INJURY (e.g., he, farm, factory, street, office bldg., e.g. he, farm, factory, street, street, street, street, street, street, street, street, street, st	21c. WHERE DID (If injury occur?  ED 21f. HOW DID INJURY  Tred at 40 Am., from the grand of CREMATORY 240 TO AM.)	Causes and on the Way Cation (City Love, or	that I last saw the date stated above. 23c. DATE SIGNED (State)		

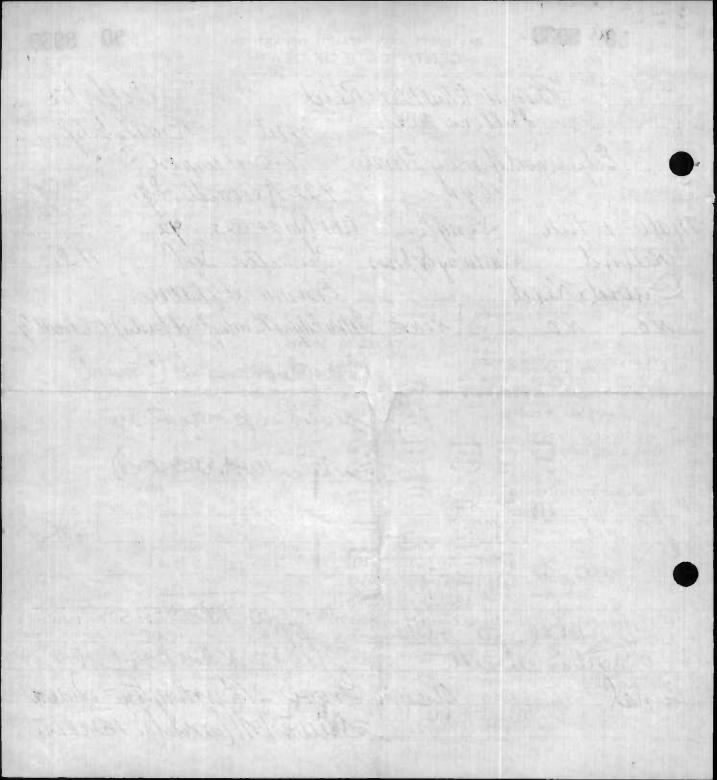


50 8939

# BALTIMORE CITY HEALTH DEPARTMENT

Segistered No. 8939

BI	RTH NO.							
1. (T	NAME OF DECEASED Prante Chalpli Reid 2. DATE OF DEATH CHIRS							
	PLACE OF DEATH: Baltimore City, Maryland Bullown Bull 4. USUAL RESIDENCE (Where deceased lived, it institution: residence a. STATE by Ountry before admission)							
HC	FULL NAME OF (If not in hospital or institution, give street address or location)   C. CITY OR TOWN   If outside corporate limits, write WRAL and give							
	Cellewood Hisnin Frome Toullemare township							
G.	Length of stay in Baltimore 16 415 Days 432 Reventil							
	SEX 6. COLOPAOR RACE 7, SINGLE, MARRIED, 18, DATE OF BIRTH 9 AGE (In Years II Under I Year II) Under 24 Hours							
7	Male While Wisowed, Diverced (Specify) 181-Alm-24-1838 last hirtiday) Months: Days Hours Min.							
work	A. USUAL OCCUPATION (Give Lindof 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
13	July Thursdeprin Junillon Ill 4.3.							
13	14. MOTHER'S MAIDEN NAME							
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS							
(xe	(If yes, give war or dates of service) SECURITY NO. WILL CHEAR WHITE MALEY CONTROL HEY Keall (4)							
	18. 450.0 , CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, c.g.,							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES OF THE ROLL AND ANTECEDENT CAUSES							
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING							
ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
2	(c) Levelles (art. 80leroses)							
TIL								
H	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY?							
CAI	YES NO Z							
Ö	21A. ACCIDENT, SUICIDE.  HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, atreet, office bldg., etc.)  1NJURY OCCUR?							
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
	OF INJURY WHILE AT NOT WHILE							
	m.   work   AT WORK							
	22. I hereby certify that I attended the deceased from the deceased alive on the date stated above.							
	23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED							
	O (other c) Creek M.D. 112-Parichte - Paris - 18601 195							
710 TIC	AA. BURIAL, CHEMA- 24B. DATE 24C. NAME OF CEMETER) OR CREMATORY 249-LOCATION (City, town, or county) (State)							
-	ATE RECEIVED BY I REGISTRAR'S SIGNATURE 1 25 EUNERAL DIRECTOR APPORESS							
L {	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE (1) 25 DINE MAL DIFECTOR APPORESS DE LA CONTRACTOR (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
-	VS 150							



important.

especially

VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT

50 8940

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE KARI, ERIK FERDINAND ANDERSSON October 11.1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or US Marine Hospital location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give man Pk. Drive & 31st St. Baltimore township) p. STREET ADDRESS (If rural, give location) Yra. Mos. 1620 Shakespeare Street c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) M Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 12/31/90 ? single 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Sweden Sweden Ex-seaman 17 1ME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred Andersson Charlotte ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) (If yes, give wer or dates of service) Records- US Marine Hospital. Balto. Md. 217-18-0334 NTERVAL BETWEEN 18. 420.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Coronary sclerosis Unknown heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Massive pulmonary edema and Unknown DISEASES OR CONDITIONS, IF ANY, GIVING congestion RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE ! WHILE AT WORK AT WORK Oct. 10 1950 to Oct. 11 1950 that I last saw the 22. I hereby certify that I attended the deceased from_deceased alive or oct 1119 50 and that death 1119 50 . and that death occurred at 10:45AM, from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Director US Marine Hospital, Balto, Md. John L. Wilson, 10/17/50 24C, NAME OF COMETERY OR CREMATORY 24A. BURIAL. CREMA-20 FURERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Ob08 100 CHCL . THE RESERVE OF THE RESERVE OF THE PARTY OF T A de la competition de la compa Membra 1999 Milks and Alexander A POLICY OF THE STREET, AND SOUTH AND STREET, AND STRE were the profession of the same of the same

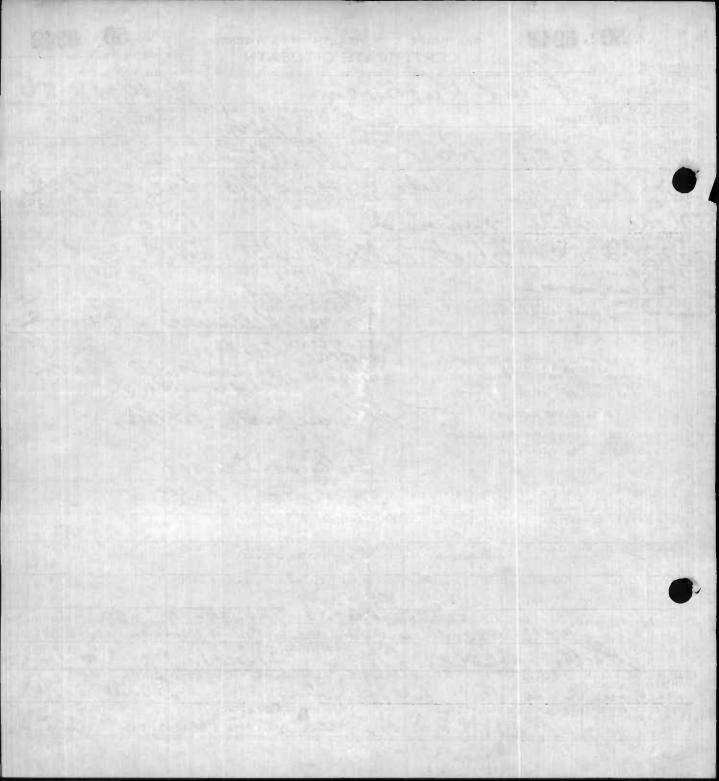
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

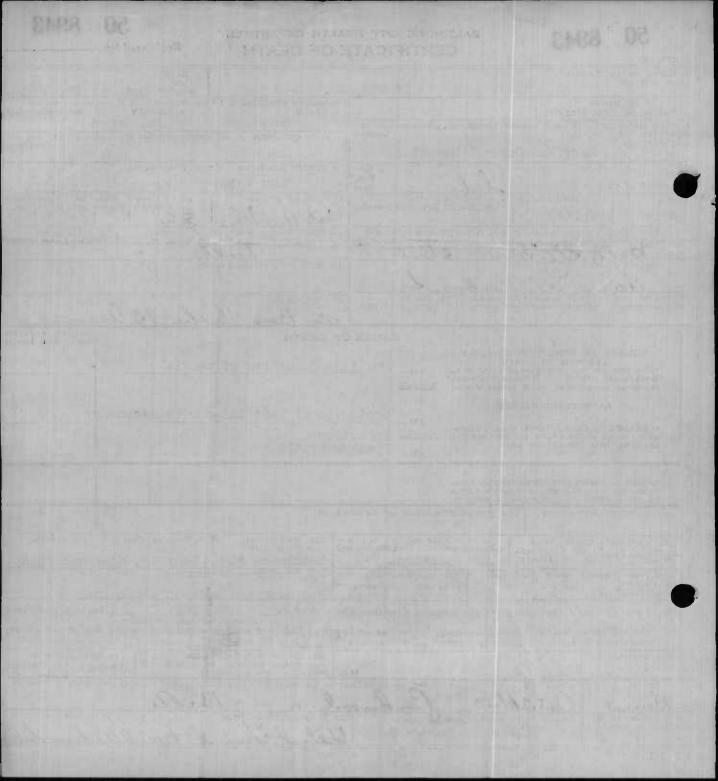
50 8941

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 25 (If rural, gire location) c. Length of stay in Baltimore 6. COLOR DE RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Mpecify) If Under 1 Year Months: Days Hours: Min. moure 104. USUAL OCCUPATION (Give kind of york done during most of working life, every fretired) HPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? use by FATHER'S NAME MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FIC 11 OTHER SIGNIFICANT CONDITIONS CON-C TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! nı. WORK 1945, to QA 19, 19 JY, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 11/1 , 19 AV and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED BURIAL, CREMA-24C NAME O 248. DATE 24D. LOCATION City, town, or county DATE RECEIVED BY ADORESS LOCAL REGISTRAP VS 150

· 2 48 = 1581 Task Kelselle

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution: residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF Alf not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) unous (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLORADE BACE AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH narene 10 USUAL OCCUPATION Givekindof KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF dune during most of working lift eye is runred) -INDUS WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME enon 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY N INTERVAL BETWEEN 18. 420.0 andiac par Purs DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. herosclesore H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) F INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Och. 3 1950 to 10 - 18 . 195 9 hat I last saw the deceased alive on 10-18, 1950 and that death occurred at 2 2 m., from the causes and on the date stated above. 23A. SIGNATUE 23B. ADDRESS 23c. DATE SIGNED nai 240. LOCATION (Sty. town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Spegify) ANDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 2 FUNERAL PIRECTOR LOCAL REGISTRAR



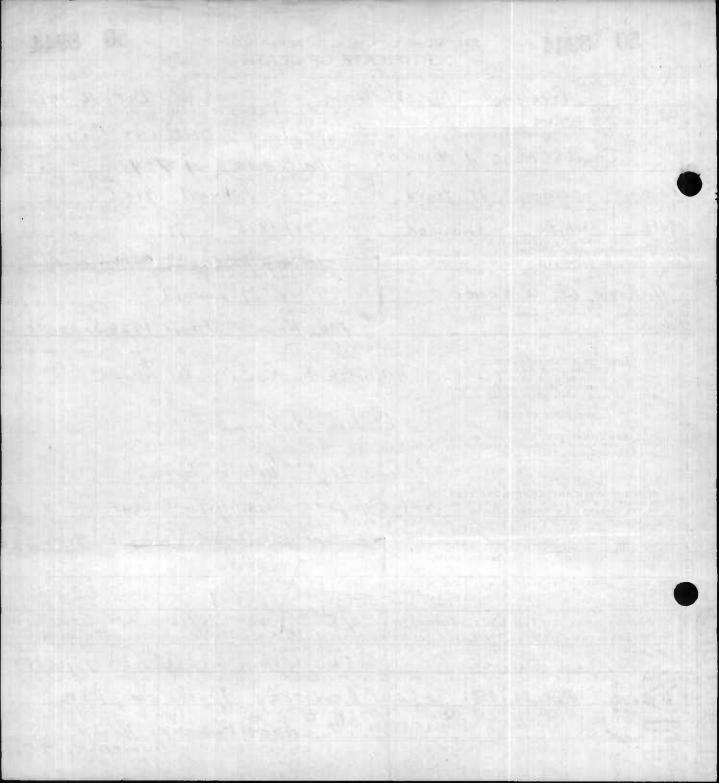


correct age is especially important. Physicians: please write the causes of death clearly and fegibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8944 Registered No.

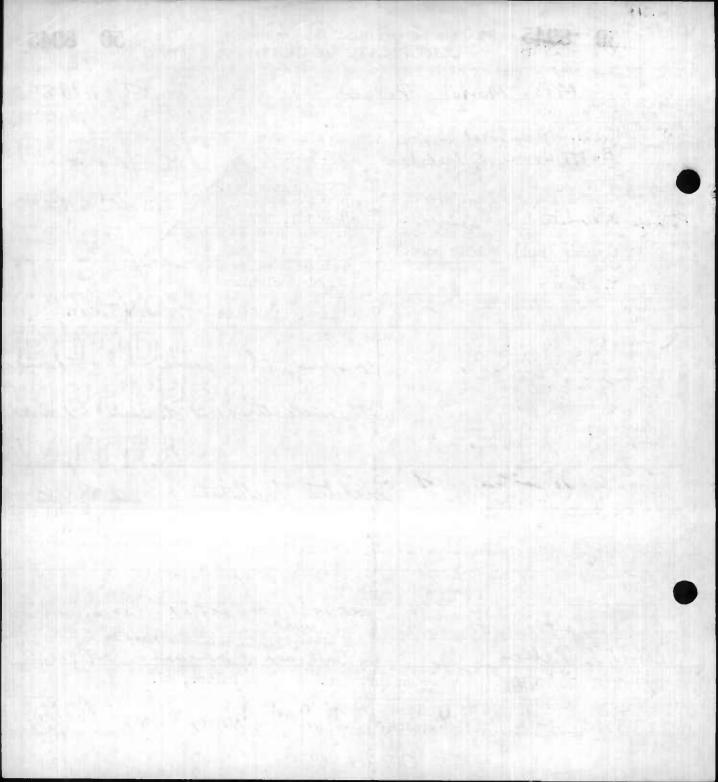
BIRTH NO.	-d
1. NAME OF DECEASED (Type or Print) Grammer, Mr. Willing	9 M 2. DATE OF DEATH OCT. 16. 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	MATYLAND BALTIMORE CITY
INSTITUTION Church Home of Hospital	C. CITY OR TOWN (If outside corporate limits, write RUHAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore 71 Years Mos. Days	6555 PARNEIL AVE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours Last birthday) Months: Days Hours; Min.
MAIC White Widawed  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	8/23/1878 1171
work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew W. Grammer	0.000
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	MARY Mª DONALD
(Yes, nn or unkonwn) (If yes, give war ur dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	MRC HELEN DAVIS 1924 SUNBERRY &
18. 4221 CAUSE	OF DEATH ONSET AND DEATH
(This does not be made the first of the firs	scleratic Cardiovascular Disease
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
Z ANTECEDENT CAUSES	iac Asthma
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
(c) Crenera	lized arteriosclewsis
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED DENILE EMPL	lized artoriosclevosis
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
U 21 ACCIDENT SUICIDE L 210 BLACE OF INJURY (	YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., is about bome, farm, factory, atreet, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
OF INJURY  WHILE AT NOT WHILE  MY WORK AT WORK	
22. I hereby certify that I attended the deceased from 10	1950, to 10/16 , 19 10, that I last saw the
	red at 11 4 A.m., from the causes and on the date stated above.
	3B. ADDRESS 23c. DATE SIGNED
14 Keed Carroll M.D.	Church Home + Hospital 10/16/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	0 10
BURIAL OCT. 20, 1950 2, 6N	EMETERY DORSEY, MO.
DATE RECEIVED BY REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
0611313501	LLRICH FUNGRAL HOME
VS 150	DURDALK, MO.
2023	1170



JO 00 10	EALTH DEPARTMENT E OF DEATH Registered No.	8945
1. NAME OF DECEASED	2. DATE OF ACT 1	1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	1110
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Union Memorial Hospital location)	C. CITY OR TOWN (If outside corporate limits, write	e RURAL and give township)
Baltimore 18, Maryland Yrs. Mos.	Balti more  D. STREET ADDRESS (If rural, give location)	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years If Under )	Year If Under 24 Hours Days Hours Min.
Female White Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	April 1, 1877 73	ITIZEN OF
work done during most of working life, even if retired) school teacher (rtd) Public School 13. FATHER'S NAME	Maryland  14. MOTHER'S MAIDEN NAME	VHAT COUNTRY?
Jerome W. Price	Sophia McIntire	3-99-17
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Miss Edith Price 2303 Arunah	ss Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION. LAST	conny thempsis	Shows
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.	ibetis Mellitus	? years
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	YES NO NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, at reet, office bldg.	In or 21C. WHERE DID (If in Baltimore City, give e.etc.) INJURY OCCUR?	xact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR FINJURY WHILE AT WORK AT WORK		
deceased alive on of 17, 1950, and that death occu	et 17, 1950, to act 17, 1950, the arred at 10:10 P.m., from the causes and on the da 23B. ADDRESS Union Memorial Arrival 23	at I last saw the
Alfred S, Melson M.D.	Baltimore 15 maryland al	717.1950
24a. Burial, CREMA- 24B. PATE 24c. NAME OF CEMETE TION. REMPARA PROCESS 10/20/50 Loudon Park	ERY OR CREMATORY 249. Location (Gity, town, or co	unts) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF 191950	Hm. Ficherer & Sms = 1	Balto
VS 150		111101-

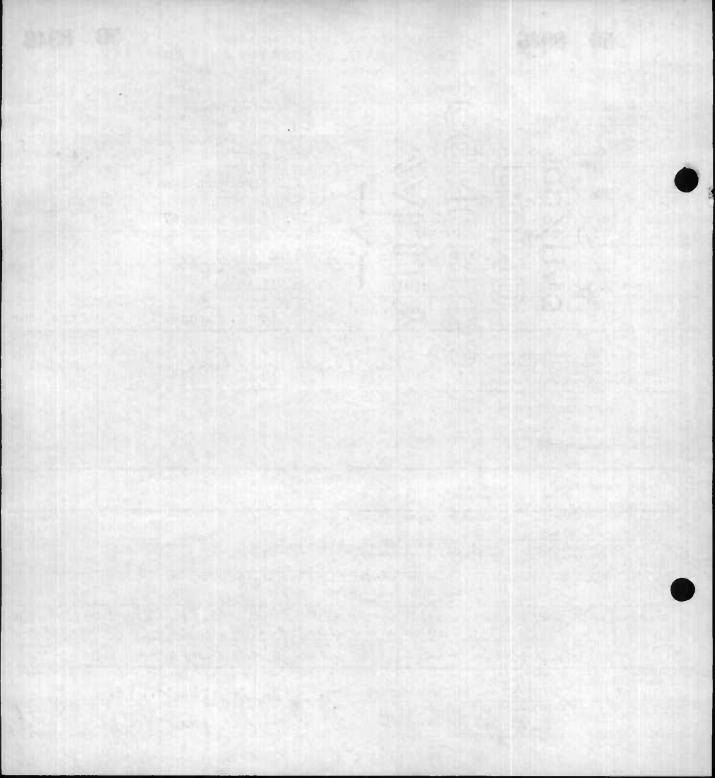
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# 50 8946 BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF D ype or Print)		JOHN H.	SKEEN		2. DATE OF DEATH Oct. ]	18, 1950
3. PLACE OF DEATH: A Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					4. USUAL RESIDENCE (W A. STATE Md.		stitution: residence before admission)
HOSPITAL OR location) INSTITUTION 6203 Blackburn Lane						outside eorporate limits, v	write RURAL and give
	Length of s	tay in Baltimore	We a	Yrs. Mos. Days	b. street address (If a		
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. White WIDOWED DIVORCED (Specify) married					May 19, 1883	9. AGE (in years last hirthday) Month	der I Year hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lawyer  13. FATHER'S NAME					11. BIRTHPLACE (State or fo Maryland 14. MOTHER'S MAIDEN NA		2. CITIZEN OF WHAT COUNTRY?
15 (You N	. WAS DECEASI	T. Skeen ED EVER IN U. S. ARMEI (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Eliza Williams  17. INFORMANT Mrs. Alice A. S		RESS ackburn Lane
	(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of	TH of dying, e. t ins the diseas caused death	2., (A) The	of DEATH Ltiple Myelo	na	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	STATING TH				
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED .			
DICAL	19A. DATE C	Properation 1		FINDINGS OF OPER			YES NO
MEDI	L CAUSE OF DEATH						
	deceased al	y certify that I att	1950	and that death occur	7, 1948, to (1) rred at 200 fr. m., from the 210 york &	re causes and on the	date stated above.
TIO	A. BURIAL, ON, REMOVAL (S Burial) TE RECEIVE CAL REGIST VS 1509	D BY REGISTRAR	s signati	Greenmount	Cem. 25. PUNERAL DIDECTOR WM. J. WM	Balto., Md	DDRESS LATE
				05	200.		0556



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICAT	E OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) WILLIAM	BRITTON Oct. 14, 1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution : residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
INSTITUTION University Hospital	township)
	Baltimore O L
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDDWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   1 Under 1 Year   1 Under 24 Hours   1 Under 24 Hours
Male Colored Surge	1-13-1811 79
POA. USUAL OCCUPATION (Give kind of 10 p. KIND OF BUSINESS OR work done during propt of working life even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
sulliver self Bullough	Lassell Will to M. C WHAT COUNTRY
16 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dring Gutton	Hument Dowload
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	CHOPLAND POUR CO
(Yes no or unknown) (If yes, give war or dates of service) SECURITY NO.	17 NEORMANT
no none	Caryo 1. Carro - Alrend Hell Call,
18. 422,1 , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
(This does not mean the mode of dylng, e.g., (A)	riosclerotic Cardiovascular Disease
heart failure, asthenia, etc. It means the disease,	***************************************
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	And the little was to be a second or the little was to be a second
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE CEATH, BUT NOT RELATED  TO THE CISEASE OR CONCITION CAUSING IT.	
194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	RATION   20. AUTOPSY?
	YES NO X
218. PLACE OF INJURY (6. F.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
	21- HOW BID IN HIDY OCCUPA
OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE	
m.   work   AT WORK	
22. I certify that I took charge of the remains described	above, held an Insp. & Inq. thereon and from
	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural cause	In quiry, find that said deceased died on the day stated doole, as $[X]$ accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undetermined $\Box$ .
23A. SØNATURE //	230 CHIEF MEDICAL EVAMINED TI 230 DATE SIGNED
The la X. Durlachen	ASSISTANT MEDICAL EXAMINER Oct. 14, 1950 MEDICAL INVESTIGATOR
24A, BURIAL CREMA- 24B, DATE 24C, NAME OF CEMENT	
TOM BEMOVAL (SPECIAL ) 10-21-57 MB	alvary 1
DATE RECEIVED BY I REGISTRAR'S SIGNATURES	25. FUNERAL DIRECTOR - ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	23. John Janes
THE PROPERTY AND THE PROPERTY OF THE PROPERTY	
91950	W. Dalellos - 9/8 +/

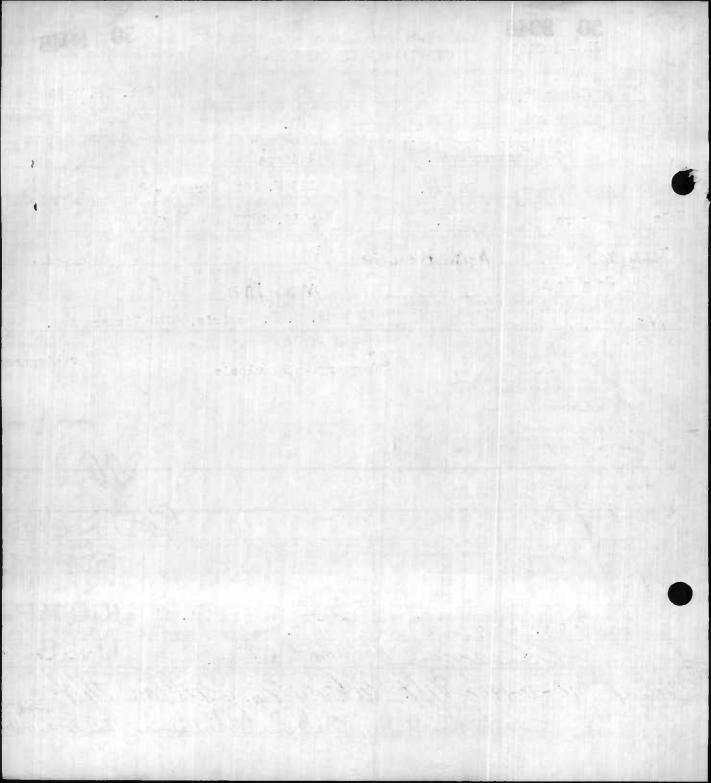
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Thomas Payne DEATH Oct. 16, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospital's (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township astern Ave . Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 115 W. 29th Street -18 30 yrs. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | ff Under | Vear | Il Under 24 Hours last birthday) | Months: Days | Hours | Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) Male Negro May 15, 1872 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Janton 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Foot 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL **ADDRESS** (Yes, no or paknown) SECURITY NO B. C. H. Records, 4940 NO astern Ave. 0021 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Far advanced LEADING TO DEATH Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! AT WORK Oct. 16 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 9-30-50 , 19___, to___ Oct. 16, 1950, and that death occurred at 9.35 pm, from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Ave. 10-17-50 CEMBTERY OR CREMATORY | 240. OCATION (Lity, town, or county) 24A. BURIAL, CREMA-24B, DATE TON. REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

Free A



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) SFNKER DETOBER 195% DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF BALTIMORE HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION ANJOH MEMORIAL SALTIMORE O. STREET ADDRESS (If rural, give location) Mos. MENLOW Length of stay in Baltimore DRIVE Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year | If Under 24 Hours 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MALE JANYARY 1880 WHITE MARRIED 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? OWNER EANING LTIMORE, MARVEAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GREENHOOD BA BETTA AMUEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. EROME SAME 20.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MYOCARDIAL INFARITION, ACUTE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES ARTERIO - SCLEROTIC HEART DIEM 10 TYRS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. FIC RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK 8:20 1959 to 9Am 1900T, 195 Othat I last saw the 22. I hereby certify that I attended the deceased from 19 oct deceased alive on 984 14 vet, 19 50, and that death occurred at 9 Am., from the causes and on the date stated above, 23A. SIGNATURE 240. LOCATION (Lity, town, or county) 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATOR) TION, REMOVAL (Specify)

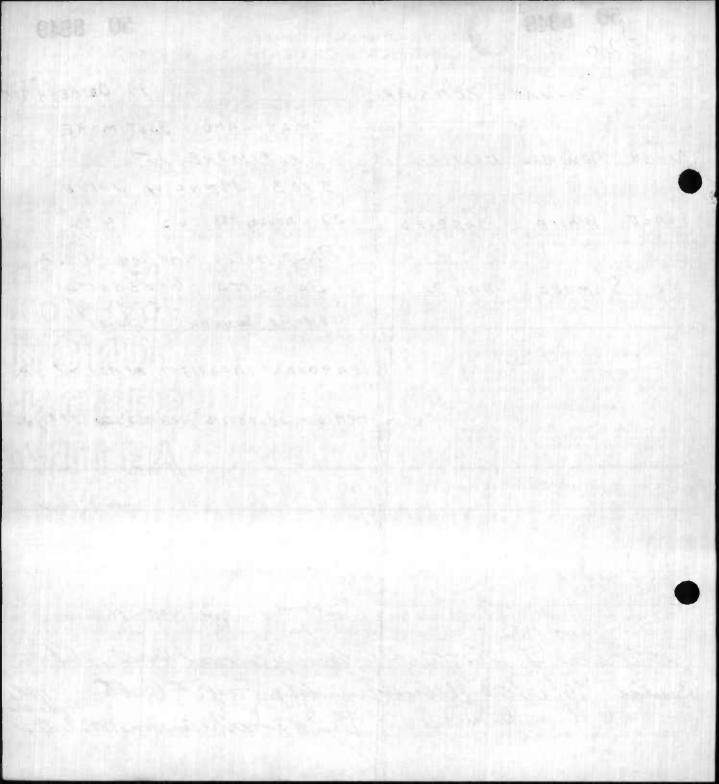
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LOCAL REGISTOR

REGISTRAR'S SIGNAT

25. FUNERA



BALTIMORE CITY HEALTH DEPARTMENT Registered Ro CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE of Oct. 14, 1950 (Type or Print) William Edward Scott 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR P.D. at spot where found at (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) 1500 block Maryland Ave. Just West of Southern Baltimore ntrance to Md. Ave. Bridge Yrs. D. STREET ADDRESS (If rural, give location) Mos. Length of stay in Baltimore Days 715 Marvland Ave. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify Male WIDOWED 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ABORER S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOWARD LOUISA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war er dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Asphyxiation due to strangulation LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, by hanging injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... u 11 OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TO OR CONTRIB-UTING CAUSE OF DEATH. Foundat 1500 block Md. Ave. just West public place 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY abIt: Hanged self by rope from tree Oct. 14 WORK 22. I eertify that I took eharge of the remains described above, held an  $_$ Insp. & Ing. Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural eauses  $\square$ , accident  $\square$ , suicide  $\not\square$ , homicide  $\square$ , undetermined  $\square$ . 23A. MIGNATURE 238. CHIEF MEDICAL EXAMINER ..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER .... Oct. 14, 1950 M.D. MEDICAL INVESTIGATOR ..... BURIAL, CREMA 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county)

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TION, REMOVAL (Specify

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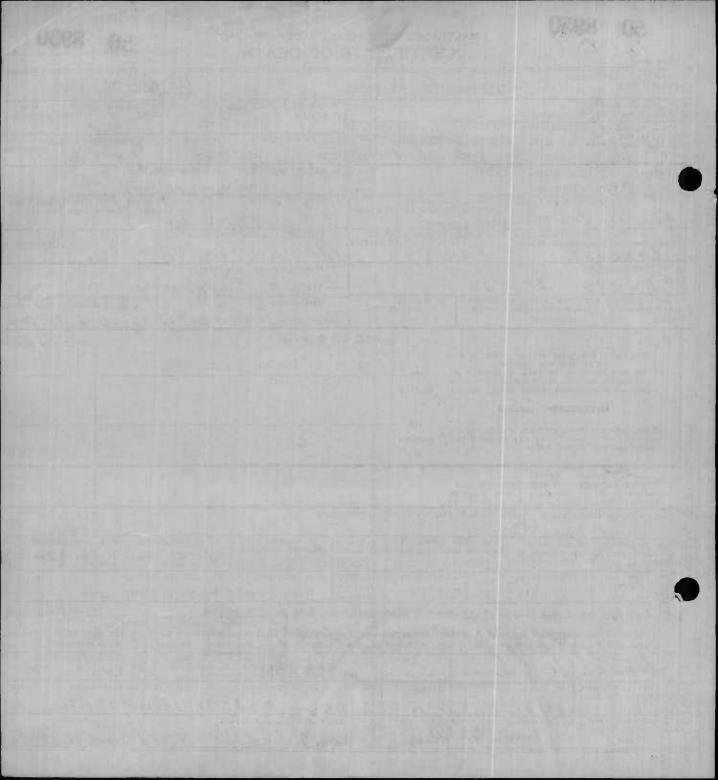
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DIRECTOR

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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

8951

Registered No. 1. NAME OF DECEASED 2. DATE OF 10/19/50 MARY ELIZABETH DARNALL (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission! B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUKAL and give INSTITUTION 212 Stony Run Lane Baltimore township Yrs. D. STREET ADDRESS (If rura!, give location) Mos. 30 yrs. 2420 N. Charles St. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years last birthday) Months: Days Hours Min. If Under I Year SINGLE (Specify) June 6 1877 10A. USUAL OCCUPATION (Givekind of ) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY At Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis H. Darnall Eleanor Carroll 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL PortAppressianor (Yes, ao or unknown) (If yes, give war or dates of service) 17. INFORMANT None None R. Bennett Darnall No Greenock Md. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (1) Corebrancular acced (This does not mean the mode of dying, e.g., ? house heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED due to old auto accedent TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or EDI about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 24 January, 1950, to 18 Och , 1950, that I last saw the _____, 1950. and that death occurred at 150a.m., from the causes and on the date stated above. deceased alive on 13 Oct 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED rekard 24A. BURIAL, CKEMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) New Cathedral Cem. 10/20/50 Burial Baltimore Md REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR 118 W. Met. Royal ave

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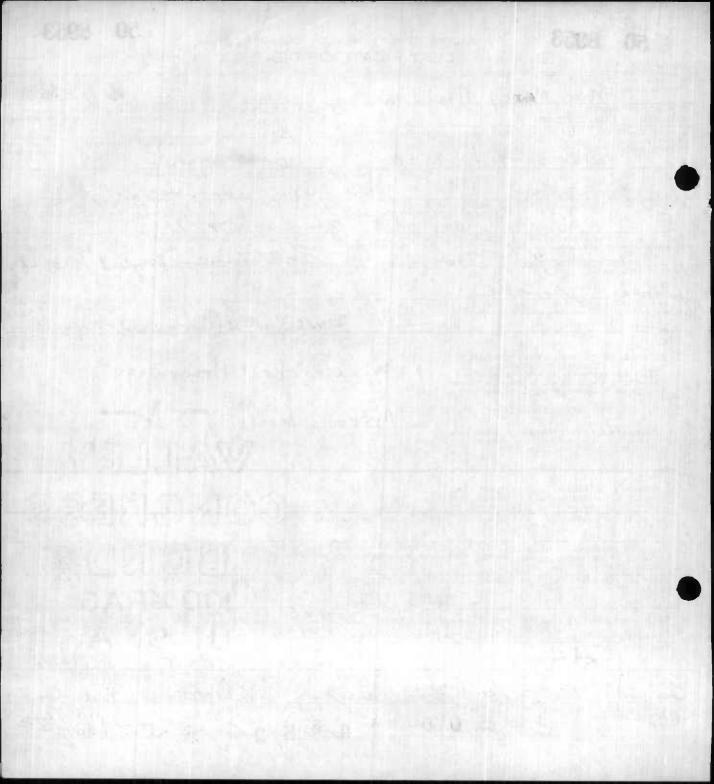
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Mos. Edison Length of stay in Baltimore Days 230 G. COLOR OR RACE 9. AGE (In years It Under Wear 5. SEX SING E. MARRIED. 8. DATE OF BIRTH If Under 24 Hours last birthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givakindof) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? UNSTRUCTION 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME manow 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dutes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT BALLHW TON WORK AT WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from matural causes 🗔 accident 🖂, suicide 🖂, homicide 🖂, undetermined 🗀. 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. (BURIAD. CREMA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) m131000 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 91951 VS 151 51024

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#### BALTIMORE CITY HEALTH DEPARTMENT

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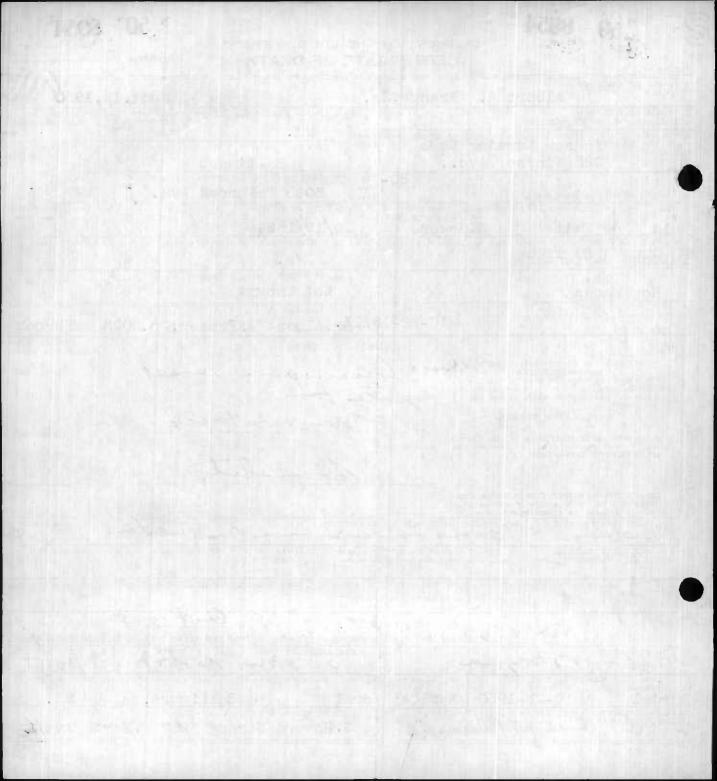
	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.					
i	1. NAME OF DECEASED (Type or Print) Ms. Name y Ambrose	2. DATE 0F 25/19/50 DEATH					
	A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
ľ	University HOSPITAL	DALTIMOR O  D. STREET ADDRESS (If rural, give location)					
	c. Length of stay in Baltimore 7/ Mos. Days	3327 Spaulohing Hue, 1-18					
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Married	8. DATE OF BIRTH 9. AGE (Myears If Under I Year It Under 24 Hours Min.  March 28, 1879 7					
	10A. USUAL OCCUPATION (Give kind of or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF					
1	Thousewife I forma	Ballimore Mr. P. WHAT COUNTRY?					
	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
#	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.	17. INFORMANT OCA ADDRESS Che					
-	18. 231 X CAUSE	OF DEATH					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
I	(This does not mean the mode of dying, e.g., (A)	acerebral Hemorrhage					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING	riasclerosi					
H	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
	4						
	OTHER SIGNIFICANT CONDITIONS CON-						
Ш	W TRIBUTING TO THE DEATH, BUT NOT RELATED						
-	TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20, AUTOPSY7					
Ï	× V	YES NO					
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., e						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?					
	m. WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from 10/	17/50,19, to 16/19, 19 3, hat I last saw the rred at 126 m., from the causes and on the date stated above.					
	deceased alive on 10/19, 1950, and that death occur						
	M. D.	University Hosp 10/19/50					
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify) Oct 21/50 Wordlaws	R.00-1 100					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS					
	VC 450	January Soci Heading					
1	VS 150						



### 50 8954

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Albert A. Frazer, Sr.	OF Oct.18,1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR Windson Ninging Home location	
3025 Windsor Ave.,	Baltimore 15-06 township)
80 = Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Mos. Days	3025 Walbrook Ave.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE (In years   If Under I Year   If Under 24 Hours
Male White Widower (Specify)	lo/19/1864   last birthday)   Months Days   Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, oven if retired)  Retired Carpenter	Va • What country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL  (Yes, no or unknown) (If yes, give war or dates of service)	17. INFORMANT ADDRESS
no 218=218-1511	Ar. Albert A. Frazer, Jr. 3025 Walbrook
	OF DEATH
DISEASE OR CONDITION DIRECTLY COME	ONSET AND DEATH
LEADING TO DEATH	sin on a small
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	L
injury or complication which caused death.) DUE Tomle	- / - C
ANTECEDENT CAUSES	me tostores
O DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBSEASE OR CONDITION CAUSING IT.	
	No. D.l.
<u>(c)</u>	We have y
OTHER SIGNIFICANT CONDITIONS CON-	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION a Der De meloder YES NO F
21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g., in	
21a. ACCIDENT. SUICIDE. 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office hidge, e	
21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m.   WORK   AT WORK	3 2 0 1950 to Cect 18 1950 that I last saw the
22. I hereby certify that I attended the deceased from	, 101
	rred at 4 m., from the causes and on the date stated above
M.O.	3033W north
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
Burial 10-21-1950 New Cathedr	al Baltimore, Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL DEGICEDAD	G. Howard Strong 3207 W. North Ave/



# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8955
Registered No.

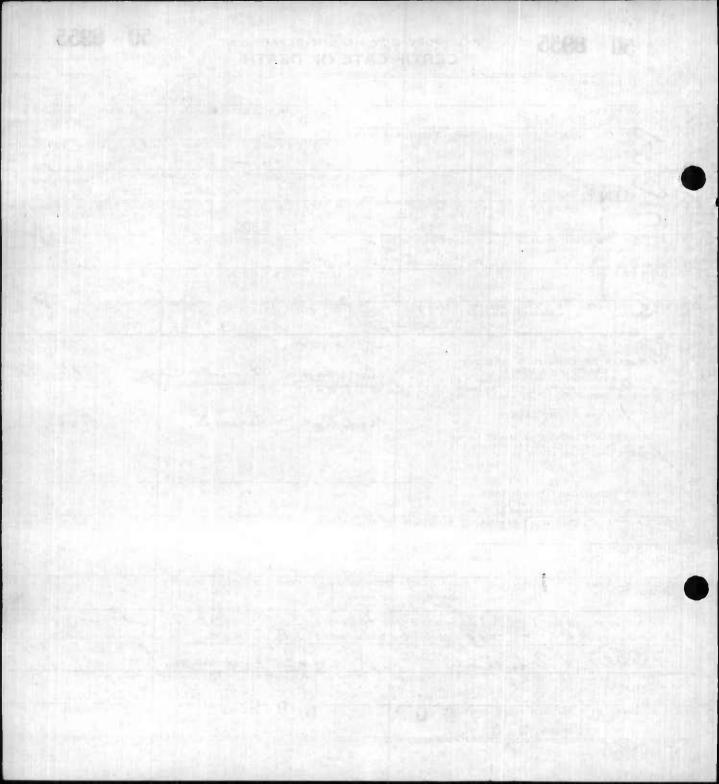
BI	RTH NO.	0000		CERTIFICAT	E OF DEATH	Registered	No
1.	NAME OF Dippe or Print)	ECEASED	OSEPH SA	ALBECK		2. DATE OF OCT	. 17, 1950
3. A.	PLACE OF DI Baltimore C	EATH: City, Maryland S	t.		4. USUAL RESIDENCE (	Where deceased lived, In B. COUNTY	f institution; residence before admission)
B. HO	FULL NAME SSPITAL OR STITUTION	St. oseph	pital or institut	tion, give street address or location) Ltal	c. city or town (I Baltimor		ts, write RURAL and give township)
G.	Length of st	tay in Baltimore	1926	Yrs. Mos. Days	d. STREET ADDRESS (1)	f rural, give location) dwell Avenue	5200
	sex nale	6.COLOR OR RAC	WIDOV	E, MARRIED, VED, DIVORCED (Specify) Narried	8. DATE OF BIRTH Sept. 26, 1902	9. AGE (In years last birthday) M	M Under 1 Year M Under 24 Hours onths Days Hours Min.
work	done during most o	CUPATION (Give kind of working life, even if retired land)	of 10B. KINE	of Business or STEELINDUSTRY Steel Corp.	11. BIRTHPLACE (State or s	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N		de Salbe		14. MOTHER'S MAIDEN N	Frances Sc	cheibel
15 (Yes	. WAS DECEASE , oo or unknowo)	D EVER IN U.S. ARM (If yes, give war or d	ED FORCES?	16. SOCIAL SECURITY NO. 213-07-7134	Johanna Salbeck,		ADDRESS
ICATION	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES				ebral Hem leis - Holers	oorlege ni _	1/2 hong
CERTIFI	OTHER SIGNIFICANT CONDITIONS CDN-						
L	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE				RATION		20. AUTOPSY?
IEDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY  m. While AT WORK AT WORK					Y OCCUR?		
TIO	deceased at	DURE CREMA- 24B. DATE Specify Ctober DBY REGISTRA	19 vo.	and that death occur  M.D.  24c. NAME OF CEMETE  Holy Redeeme	er Cem. 4430 25. Flueral Disector Schimunek Funer	the causes and on a superflux.  CATION (City, town Belair Rd. B	the date stated above.  23c. DATE SIGNED  1, or county) (State)  Balto.Md.  ADDRESS
=	- 4 0 30 =	, may 95.4M	water	Wester ALE	2601-3-5 E. Mad	LSON ST.	

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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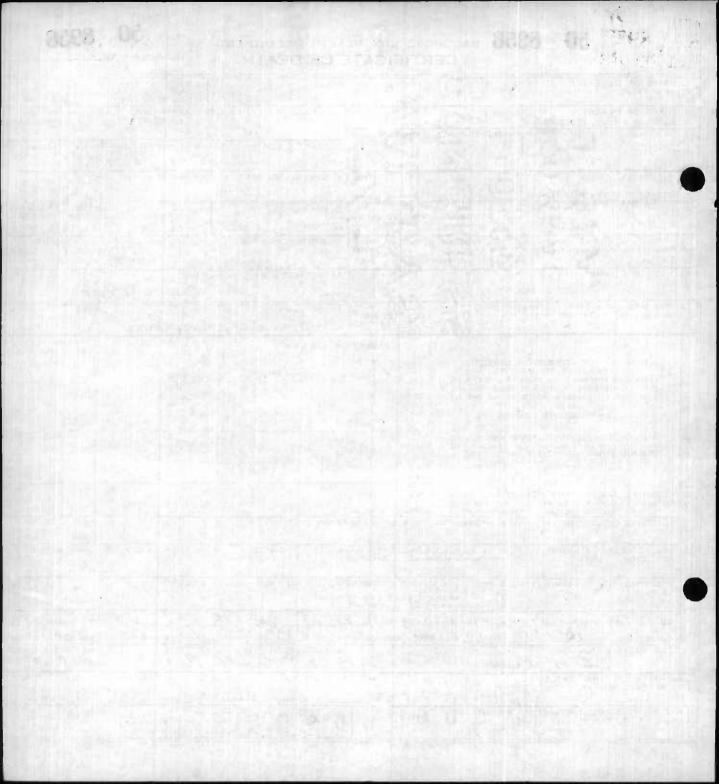
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		V-2	30 89	56 BALTII	MORE CITY H	EALTH DEPART	MENT	50	8956
	BIF	TH NO.		CI	ERTIFICAT	E OF DEATH	Н	Registered	No
		NAME OF D		PH F. ACC	AR		2	OF OCT.	17, 1950
	3. 1	PLACE OF D Baltimore (	EATH: City, Maryland 21	21 Mura S	St.	A. STATE			f institution: residence before admission
	B. F	TULL NAME			give street address of				
		STITUTION		61.24	200a 0101	Bal	ltimore	8	its, write RURAL and giv
		Length of s	tay in Baltimore		ife Yrs.	D. STREET ADDRE	es (If rura		
	-	SEX	6. COLOR DR RACE	7. SINGLE. M	IARRIED.	8. DATE OF BIRTH		AGE (In years	H Under 1 Year   If Under 24 Hours
	п	ale	white		DIVORCED (Specify	" March 21, 19	908	1ast birthday) M	lonths Days Hours Min.
			CUPATION (Give kind of f working life, even if retired)		BUSINESS OR	11 BIRTHPLACE (S		n country)	12. CITIZEN OF WHAT COUNTRY
1	ec	h. Servi	e man	KEFA G	others HT.	Baltin		i.	II.S.
	13.	FATHER'S N				14. MOTHER'S MAI			
	1.5	WAS DESCRICE	James noc					Theresa Ko	menda
	(Yes,	no or anknown)	O EVER IN U. S. ARMEI (If yes, give war or date Army - World	s of service)	security No. 7-03-5695	Margaret -00	len mi		ADDRESS
	AL CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE D	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA  GIGNIFICANT COND TO THE DEATH, BUT ISEASE DR CONDITION	of dying, e. g., ins the disease, caused death.)  SES  F ANY, GIVING STATING THE AST.  ITIONS CON- NOT RELATED I CAUSING IT.	(A)	OF DEATH  pringer  RATION	f Lu	ng	20, AUTOPSY?
	MEDICA	HOMICIDE	NT, SUICIDE, (Specify)	about home, farm,	OF INJURY (e. g., factory, street, office bldg	.,etc.) INJURY OCCUP	R?		give exact location)
		OF INJURY	Month) (Day) (Year)	WHIL	. INJURY OCCUR:  RAT NOT WHILE RK AT WORK	E	O YAULNI	CCUR?	
		22. I hereb	y certify that I att	cnded the dec	ceased from I that death occu	8/ 18, 1950 erred at 5 40 Pm.,	from the	causes and on	0, that I last saw th
		23A, SIGNAT	a. We	sis	м. D.	1927 E. In	outh c	ane.	230. DATE SIGNED
	TIO	A. BURIAL (S N. REMOVAL (S BUTIAL TE RECEIVE CAL REGIST	D BY   REGISTRAR		Ltimore Nat		5501 Fr	ederick Andome, Inc.	n, or county) (State) Balto.Md. Address
	I	1 91950 vs 150	The state of	A Muli	ME, MA	2601-3-5 E.	Madisor		0471

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R-530 50 8957

correct age is especially important. Physicians: please write the causes of death clearly and Tegibly.

#### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 8957

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	RTH NO.	CERTIFICATI	E OF DEATH	Registered N	0
-	NAME OF DECEASED			2. DATE	
(1	ype or Print)	RINAUDO		OF DEATH 10-	-18-50
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If i	institution: residence before admission)
	FULL NAME OF (If not in hospital or institu	tion, give street address or		5. 000NTT	betore admission)
	ISTITUTION ST. JOSEPH'S	location)	C. CITY OR TOWN (II	outside corporate limits	, write RURAL and give
	or. Voserns	HOSPITAL	BALTO.	8-1	township)
W		¥rs.	D. STREET ADDRESS (If	rural, give location)	
1	Length of stay in Baltimore	13 Days		ley Av.	ξ.
5.	SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED, NED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Mor	Under 1 Year II Under 24 Hours nths Days Hours Min.
-		NGLE	2-23-12	1 38	(:23)
wor	A. USUAL OCCUPATION (Give kind of lob. KINI doneduring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	NONE NO.	NE	LOUISIANA		USA
13	. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Angelo Rinaudo		Josephine Mag	7012	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? e, no or nnknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	No	SECONITY NO.	Marianna Rine	udo 1761 n.	Tlow Area
	18. 540.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.	K. (A) CHRO	NIC STARVATI	ON AND	10 days
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat	180,	DEHYDRATION		
	ANTECEDENT CAUSES	A THE RESERVE			
z	ARTICEDERT CAUSES	(B) 6RGA	ANIC PYLORIC	OBSTRUCTION	2N 9 mos.
112	DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T				
Y	UNDERLYING CONDITION LAST.				
II E		(C) PE	PTIC ULCER		
E	OTHER SIGNIFICANT CONDITIONS CO				
I I	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING		ITAL PEFICIE	NCV	CONGEN.
1,		R FINDINGS OF OPER			20. AUTOPSY?
AL					YES NO
100	21A. ACCIDENT, SUICIDE, 21B. PL HOMICIDE (Specify) about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (	If in Baltimore City, g	rive exact location)
1 I I I	(Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11120111 0000111		
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I attended the		10-15 195710	10-18 195	Othat I last saw the date stated above.
	deceased alive on 10-17, 1950,		rred at 333 Am. from t	he causes and on th	e date stated above.
	23A. SIGNATURE		38. ADDRESS	/ 5 6 4	23C. DATE SIGNED
	1 best Kremi	м. D.	1960 11. Cars	line of	10-18-50
2	AA. OURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (State)
1	Burial Oct.21/50	Holy Redeeme	er Cemet. 4430	Belair Rd	Balt Md
D	ATE RECEIVED BY REGISTRAR'S SIGNAT		25 FUNERAL DIRECTOR	1	ADDRESS
	Voneting ton Willis		Traull tille	Wel 322 8	.High St.
1	or organi	CULA / / LE			

to the state of th The Tompate machanity . M. Strift. of the Control of the C at the stay of a college of the stay

8958 BALTIMORE CITY HEALTH DEPARTMENT Registered No .-CERTIFICATE OF DEATH BIRTH NO NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 6 B. SOUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) IIS. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE Under 1 Year 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of work done during most of working ye, eving a mile) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY Mary Robertson 206 S.Eden St INTERVAL BETWEEN 18. 450,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 2 Ic. WHERE DID 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) (Specify) HOMICIDE INJURY OCCUR? 2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 19 that I last saw the 22. I hereby certify that I attended the deceased from [0] m., from the causes and on the date stated above. , 19 Sand that death occurred at 9 deceased alive on 16/17 23c. DATE SIGNED 23A. SIGNATORE 23B. ADDRESS 24A. BURIAL, CREMA: 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24d. LCCATION (City, town, or county) Holy Redeemer Cemet. Ult. 4430 Burial 20 195d Balt.Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 322 S. High St

VS 150

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THE MARK WISSELD SHOW THE WARREN

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8959

BII	RTH NO.			CLITTI ICAT	L OI BEATTI		
	NAME OF DE	CEASED				2. DATE	
(13	Type or Print)  Carmela Mangione				DEATHOC t.	18. 1950	
	PLACE OF DE Baltimore C	ity, Maryland			4. USUAL RESIDENCE (		If institution: residence before admission)
HO	FULL NAME OF	OF (If not in hospita	al or institut	ion, give street address or location)	111111111111111111111111111111111111111	f outside corporate lin	nits, write RURAL and give
		St. Joseph	15		Baltimo	re 2	7-11
7				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	Length of st	ay in Baltimore	22	Mos. Days	5018 Be	elair Rd.	
5.	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	It Under 1 Year   If Under 24 Hours
	b .	W.		idowed	March 7 1882	68	Months Days Hours Min.
		CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or		I 12. CITIZEN OF
-0.40		(working life, even If retired)	Home	INDUSTRY			WHAT COUNTRY?
	USE Hwfe		поше		14. MOTHER'S MAIDEN N	IAME	
					Lucia Navar		
	aolo Ma				ndota navat	1.4	
(Yes	. WAS DECEASE	D EVER IN U.S. ARMED (If yee, give wer or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(				320011111101	Maria Russo (	Daughter)5	018 Belair Ro
	18. 434	2		CALISE	OF DEATH		INTERVAL BETWEEN
				CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY						
		not mean the mode of	f dying, e.		t Heart Failure	01	
		re, asthenia, etc. It mea complication which o					
	ANTECEDENT CAUSES						
-		ANTECEDENT CAUS	ES	Cardiac	Asthma: Cardiac	Asthma ·	ESKUE IN BU
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO TERMINAL LOBAR PROLUMONIA						
F		HE ABOVE CAUSE (A)		HE DUE TO TELMIN	al Lobar Pneumon	ıa	
Ü							
됴		0		(C)			
RTIFICATIO							
B		TO THE DEATH, BUT					
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE			RATION		20. AUTOPSY?	
AL							YES NO X
S.		NT, SUICIDE,		ACE OF INJURY (e. g.,		(If in Baltimore City	, give exact location)
ED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	210 TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUF	RY OCCUR?	
	OF INJURY	Living (Day) (Lear)		WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I hereby	y certify that I att	ended the	deceased from Oct	ober 15,, 1950 to Oc	tober 18, 19!	0, that I last saw the
	decease A	ive on Oct. 28	. 1950	and that death occu	rred at 10:503m., from	the causes and on	the date stated above.
	ZZA. SIGNAT		) 1	/	238. ADDRESS		23c. DATE SIGNED
	ya	mult to	Elec	M. D.	1100 N. Caroline	s S t	bet. 18, 1950
	A. BURIAL, C			24C. NAME OF CEMETE		LOCATION (City, tov	on, or county) (State)
TIC	N, REMOVAL (S	pecify)	1/50	Holy Redeem		Belair Ro	Balt.Md.
- D	ATE RECEIVED	Qct. 2	S SIGNATI		25 FUNERAD DIRECTOR		ADDRESS
	CAL REGISTI		WANTO /	Milia Dea Dani	7 8 5 500	A .	
0/	37 4 0 100		A	And the little	Tillle ( ella	hoer 25	2 S.High St.
U	VS 150			MI SEPTIME			
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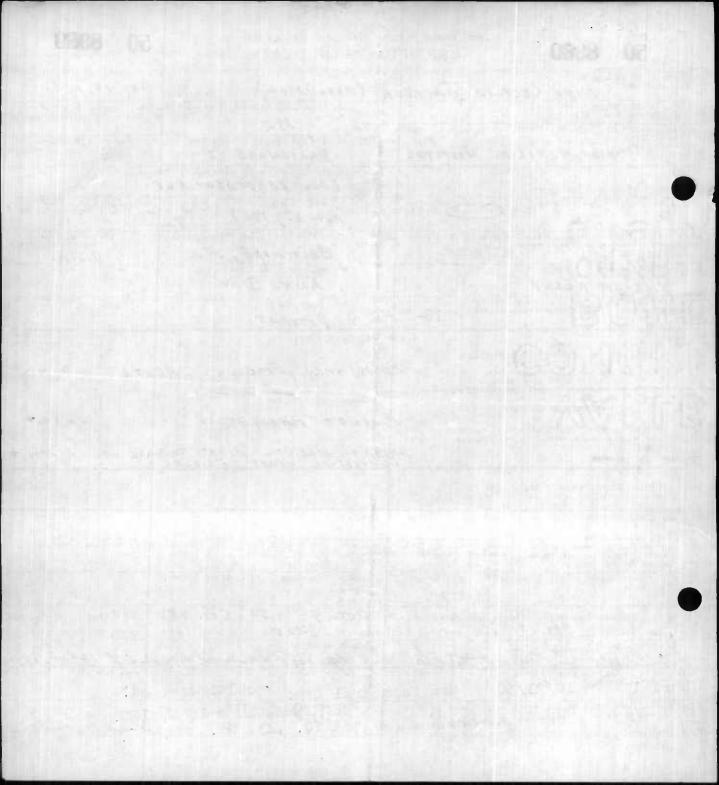
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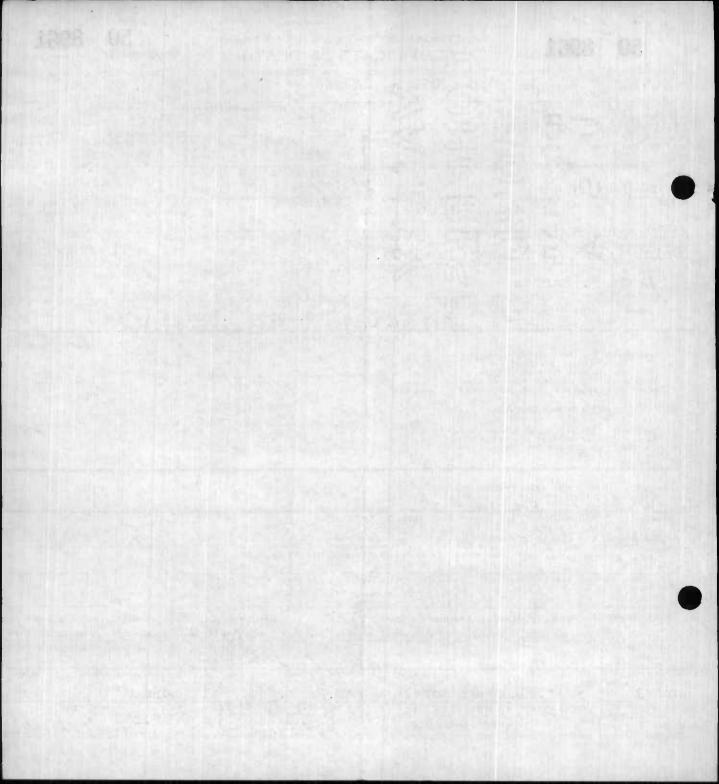
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Regist 50 No. 8960

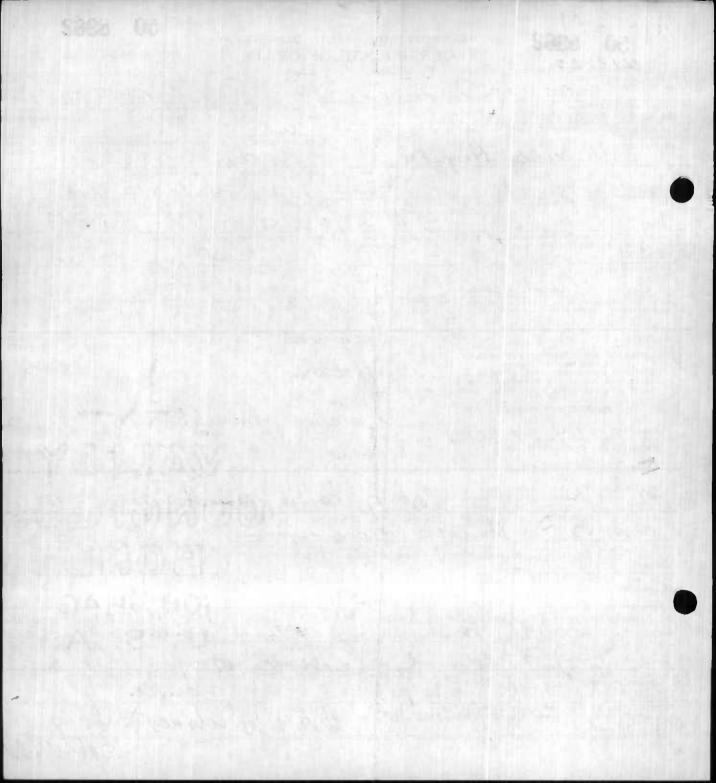
В	RTH NO.	0300		CERTIFICATI	E OF DEATH	Registered 1	NO
	NAME OF D	ECEASED NINA CE	ELIA	JACKSON (	MRS. OSCAR)	2. DATE OF DEATH	. 18, 1950
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (		institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)	C. CITY OR TOWN (I	f outside corporate limit	ts, write RURAL and give
				Yrs.	D. STREET ADDRESS (16	rural, give location)	7 7 7
		tay in Baltimore		Mos. Days	6006 AENDER:	SON AVE.	
	F	6. COLOR DR RACE	WIDOW	MARRIED, /ED DIVORCED (Specify)	8. DATE OF BIRTH Nov. 23, 1867		H Under 1 Year H Under 24 Hours onths Days Hours Min.
Worl	Housew	CUPATION (Give kind of of working life, even if retired)	at ho	O OF BUSINESS OR INDUSTRY	OALTIMORE,		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	4.			14. MOTHER'S MAIDEN N		073.77.
		M KELLY			ANNA DAY		
(Ye	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	21850111398	PATIENT	A	DDRESS
	18. 42.0	10		CAUSE	OF DEATH	The state of the s	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g ns the discas	C.	ONARY EMBOLI	15, ACUTE	10 MIN
	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES  (B) Ph/8 30 - TH8 DM B05/5 29 HR5*						
7							
0		OR CONDITIONS, IN		lG .	7V	Z./	
CAT	UNDERLY	TING CONDITION LA	ST.		- SCLERBTIC HEART	AT DISEASE	10 DAYS +
Ū.				CONES	STIVE HEART F	ALLURE	
ERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION	NOT RELATE	D			HI GOLD MET
0				FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL							YES ND
MEDIC	21A. ACCID LYING OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm,factory,etreet,office bldg.,		(If in Baltimore City,	give exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?	
	22. I hereb	u certifu that I att	ended the		CT. 4 , 1950 to C	Ser. 18 195	that I last saw the
					red at 3:05 pm., from		
	234. SIGNA	LLE THE	Buth		B. ADDRESS Menor	/	23c. DATE SIGNED
2. Tu	AA. BURIAL, ON, REMOVAL (S			24C. NAME OF CEMETE	RY DR CREMATORY 24D. L	OCATION City, town	
-	ourial	10/57/		New Cathedr	al Cem.  Balt	timore, Md.	
	ATE RECEIVE DCAL REGIST [ 1 9 1950		S SIGNATU	Maria MA	HENRY SANDER 8 BALTO. 13. Mo		is I Samler
	VS 150						1



Physicians:



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 180 20 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Robert DEATH 10 -19-57 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) VIS. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7 SINGLE MARRIED If Under 1 Year 8. DATE OF BIRTH AGE (in years | H Under | Year | H Under 24 Hours | Manthaging | Hours | Min. WIDOWED, DIVORCED (Specify) 8-12-50 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Infant 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME ansp Woodruff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO. 18. 756 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES tim struck cutents DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 5-days DTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 8-30-50 duodenun NO 218. PLACE OF INJURY (e.g., io or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 1950 to 10-19, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 10-19 19 50 and that death occurred at Z 72m., from the causes and on the date stated above. 23A. SIGNATURE 238-ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 48. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) (State) 10/20/50 Loudon Lark Cremation Balto. Md. DATE RECEIVED BY RESISTRAR'S HENA FUNERAL DIRECTOR VS 150

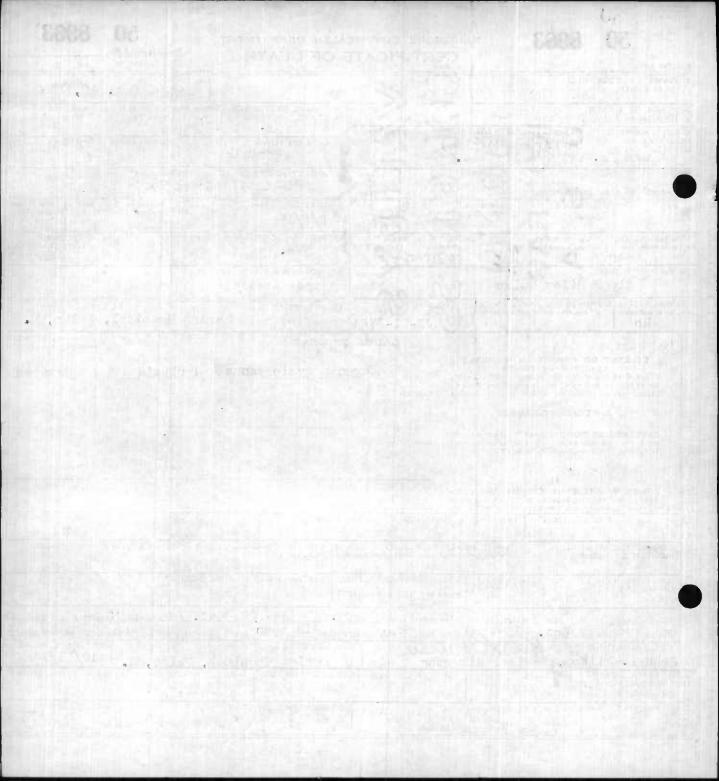


correct age is especially important. Physicians: please write the causes of death clearly and Tegibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 50 8963
Registered No.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION US Marine Hospital location)  Norfolk  Length of stay in Baltimore  28 days  Length of Stay in Hospital  Length of Stay in	950
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR INSTITUTION  Wyman Pk. Drive & 31st St.  Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED.  WID Married  7. SINGLE, MARRIED.  WID Married  8. Days  8. Date of Birth  2/5/17  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  Clyde Riley Quinn  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL Yes, no or maknown)  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (17. SOCIAL SCILL)  16. SOCIAL  SECURITY NO.  231-01-3764  4. USUAL RESIDENCE (Where deceased lived. If institution: responsible to the force of the property in the property in the force of the property in the force of the property in the property in the property in the property in the force of the property in the property in the property in the property	
Wyman Pk. Drive & 31st St.  Length of stay in Baltimore  28 days  Sength of stay in Baltimore  5. SEX  6. COLOR OR RACE  MM  MM  MM  MM  10A. USUAL OCCUPATION (Givekindof Married)  10A. USUAL OCCUPATION (Givekindof Married)  10A. USUAL OCCUPATION (Givekindof Married)  10B. KIND OF BUSINESS OR INDUSTRY  Seafarer  11. BIRTHPLACE (State or foreign country)  Va.  12. CITIZEN  WHAT CO  13. FATHER'S NAME  Clyde Riley Quinn  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown)  16. SOCIAL SECURITY NO. 231-01-3764  17. INFORMANT  Record- US Marine Hospital, Balto  18. 204.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)  Chronic myelogenous leukemia  Uniterval  ONE I was presented to continuous presented to continuou	admission)
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years   10 bids)   1 bids   1 year   1 bids   1 years   1	томиятр)
Weat of Mate   Seafarer   Va.   WHAT Companies   What C	Under 24 Hours ours Min.
Clyde Riley Quinn  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nnknown) (If yee, give war or dates of service) SECURITY NO. 231-01-3764  18. 204.)  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)  Chronic myelogenous leukemia Un	OF COUNTRY?
(Yes, no or unknown)  (If yes, give war or dates of service)  231-01-3764  Record- US Marine Hospital, Balto  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g.,  (A)  Chronic myelogenous leukemia  Un	
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)  Chronic myelogenous loukomia  Un	,Md.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	known
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UL L TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	TOPSY?
YES TO TIME (Month) (Day) (Year) (Hour)   215. INJURY OCCURRED   215. HOW DID INJURY OCCUR?	eation)
OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from Sept. 20, 1950, to Oct. 18, 1950 that I last deceased alive on Oct. 18, 1950, that the deceased alive on Oct. 18, 1950, that the deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on Oct. 18, 1950, that I last deceased alive on	E SIGNED
TION, REMOVAL (Specify 10/19/50 - Norfolk, Va.  DATE RECEIVED BY REGISTRAR'S SIGNATURE 12576 NEGAL DIRECTOR (ADDRESS)	
VS 150, 240 55 OT4	1+

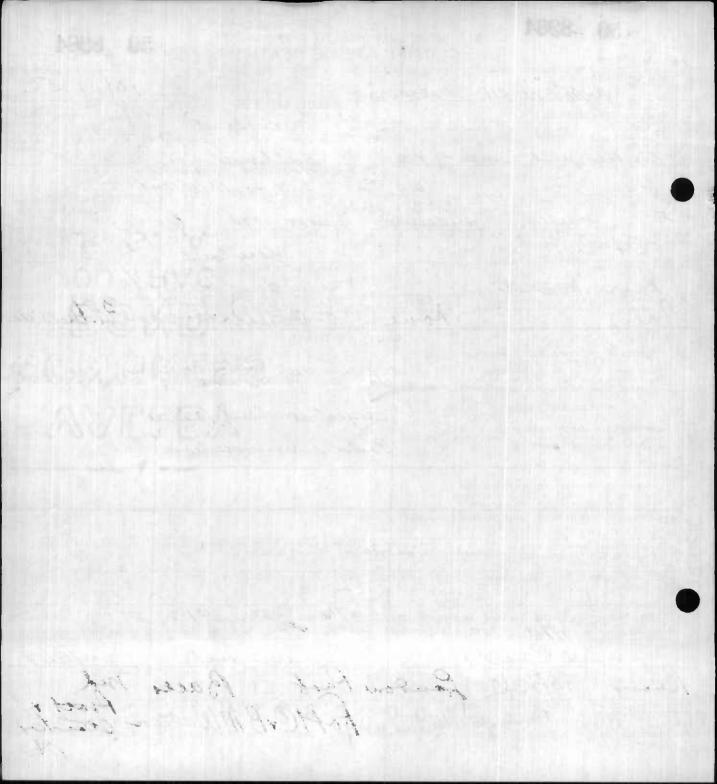


H-623 8964

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Regist 50 No. 8964

B	RTH NO.				
1.	NAME OF DECEASED (ype or Print)  ANNA MA	PRIE HARBADON -		2. DATE OF DEATH	0/19/50.
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, It	finstitution: residence before admission)
H	OSPITAL OR	al or institution, give street address or location)			ts, write RURAL and give
110	The Hap- for The	somen of md.	Bullingio	2	0 = 06 township)
P	1	Yrs.	D. STREET ADDRESS (If		
	ength of stay in Baltimore	60 Pays	339 Foul		
3	F While	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday) M	onths Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
wor	done during most of working life, even if retired)	INDUSTRY	maryla		WHAT COUNTRY?
13	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	0 3-7
	Benjamin was		mary ann	Kelly -	
15 (Ye	MAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? SOCIAL SECURITY NO.	TINFORMANT (1)	forgadon!	1 12 18 Co
	18. LILZY		OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH
	(This does not mean the mode of heart failure, asthenia, etc. It mean	f dying, e.g., (A) Lyp	eleuscie Carde	vascular.	
	injury or complication which co	aused death.) DUE TO	1) isla	se.	
	ANTECEDENT CAUS	ES COV.	gestine heart	lastine	CV 15 14 18 18
O	DISEASES OR CONDITIONS, IF	ANY GIVING			
AT	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO Pull	Puralary nefer	ctioni	
FIC		(0)			
RTI	OTHER SIGNIFICANT CONDI				
CE	TRIBUTING TO THE DEATH, BUT I TO THE DISEASE OR CONDITION				
اد	19A. DATE OF OPERATION 0 19	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
ICA	21A. ACCIDENT WAS UNDER-	218. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID (I	If in Baltimore City,	give exact location)
MEDI	LYING OR CONTRIBUTING	about home, farm, factory, street, office hidg.,	etc.) INJURY OCCUR?		give exact rocation,
	21D. TIME (Month) (Day) (Year) OF INJURY			OCCUR?	
		m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I atte	citation accordance from	1950, to	10/19 , 195	that I last saw the
	deceased alive on 10/19 23A. SIGNATURE		rred atm., from t	he causes and on t	the date stated above.
	mark Elde	1 0.0 1	· Granais Ho	ch.	10/19/50
Z4 Tit	REMOVAL (Specify) 10/23	10 24 NAME OF CEMETE		OCATION (City, town	
D	ATE RECEIVED BY   REGISTRAR'S	S SIGNATURE	S. FUNERADDIRECTOR	1/	Annet x
36		trator Williams Mos	HOHCYB.MI	Vallero	Strickey
	VS 150			Alla	1 1940



8965 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE DIANE (Type or Print) CARTER Oct. 19, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside eorporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1625 W. Fayette St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6 yrs. 1625 W. Fayette St. ength of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | H Under ) Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) Female White July 11, 1939 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harold C. Anna L. Seagle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. Anna L. Carter Same INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Multiple congenital deformities of heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO brain and intestinal tract ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 218, PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. about home farm factory street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE! WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Insp. & Ing. Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER ..... X ASSISTANT MEDICAL EXAMINER .... Oct. 19, 1950 MEDICAL INVESTIGATOR AAB. DATE 24c. NAME OF CEMETERY OR CREMATORY ON REMOVAL (Specify DATE RECEIVED BY LOCAL REGISTRAR 151

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	REA -1419	50 8966	1	TIMORE CITY HE			50 Registered No	8966
1.	NAME OF DI	Albert G	illis				OF Octob	er 18, 1950
3.	PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDEN	NCE (Where	deceased lived. If in B. COUNTY	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Baltimore City Hospitals location)				Maryland c. CITY OR TOWN	(If outsie	lo cornorate limite	write RURAL and give
IN	STITUTION	4940 Easter	-		Baltimore	(II odusi	20-04	township)
	ength of st	tay in Baltimore		28 years Mos. Days	D. STREET ADDRESS (If rural, give location) 2420 W. Lombard Street			
13	sex Male	6.COLOR OR RACE White	WIDOW	E, MARRIED. /ED, DIVORCED (Specify) OFCCd	8. DATE OF BIRTH July 17, 18	1	AGE (In years Mulast birthday) Mont	nder i Yeer H Under 24 Hours the Days Hours Min.
1C worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10e KINE	o of Business or INDUSTRY	11 BIRTHRI ACE (St	MARKET TO THE RESERVE THE PARTY OF THE PARTY	country)	2. CITIZEN OF WHAT COUNTRY!
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			ALTERNATION IN
		Albert Gil			Rachel Esworthy			
(Ye	s, no or unknown)	D EVER IN U.S. ARMEI (If yee, give war or date	of service)	16. SOCIAL SECURITY NO.	Records: B.	С. Н. 4		n Avenue
	18. 002X CAUSE				OF DEATH			INTERVAL BETWEEN
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES				culous Lober	Pneumon	ià	2 Weeks
LIFI		11		(C)				
لتا	TRIBUTING	GIGNIFICANT COND	NOT RELAT	ŁD				
AL C	19A, DATE OF OPERATION - 19B, MAJOR FINDINGS OF OPE				RATION			20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,			Baltimore City, gi	
Σ	21b. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		INJURY OC	CUR?	
	22. I hereb	y certify that I at	ended the	deceased from 9-2	5 , 19 50	) to 10-1	8 , 19 5,	Qhat I last saw the
	deceased alive on 10-18, 1950, and that death occurred at 11:30 Pm.  23a. SIGNATURE  23a. ADDRESS 4940 Easter						uses and on the	e date stated above 23c. DATE SIGNED 10-19-50
2 TI	4A. BURIAL. (SON, REMOVAL (S	pecity)	//	24c. NAME OF CEMETE O Poplar Spa	RY OR CREMATORY		CO.,	
	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	S SIGNATI		26. FUNERAD DIRE	стор		ADDRESS
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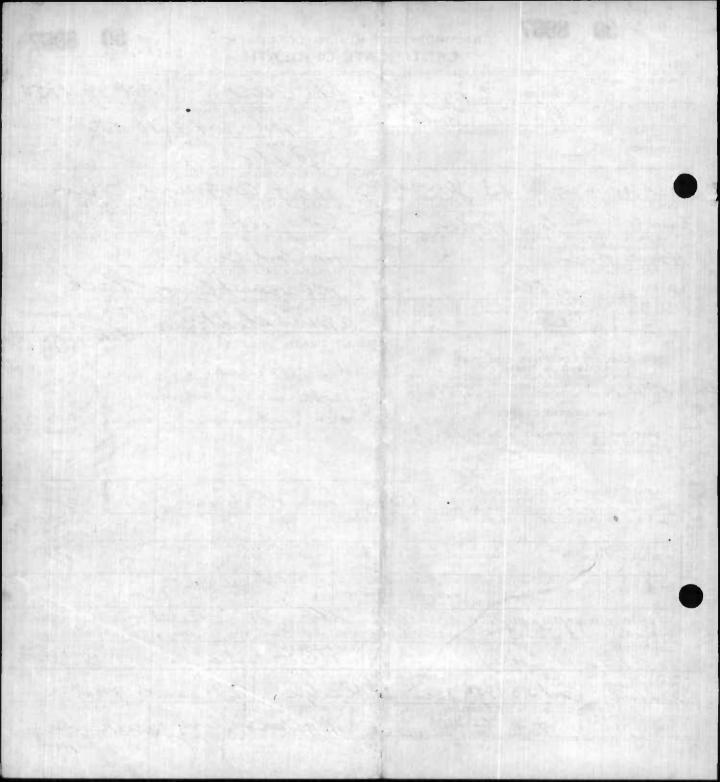
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correct age is especially important. Physicians: please write the causes of death clearly and regibly.

# BALTIMORE CITY HEALTH DEPARTMENT

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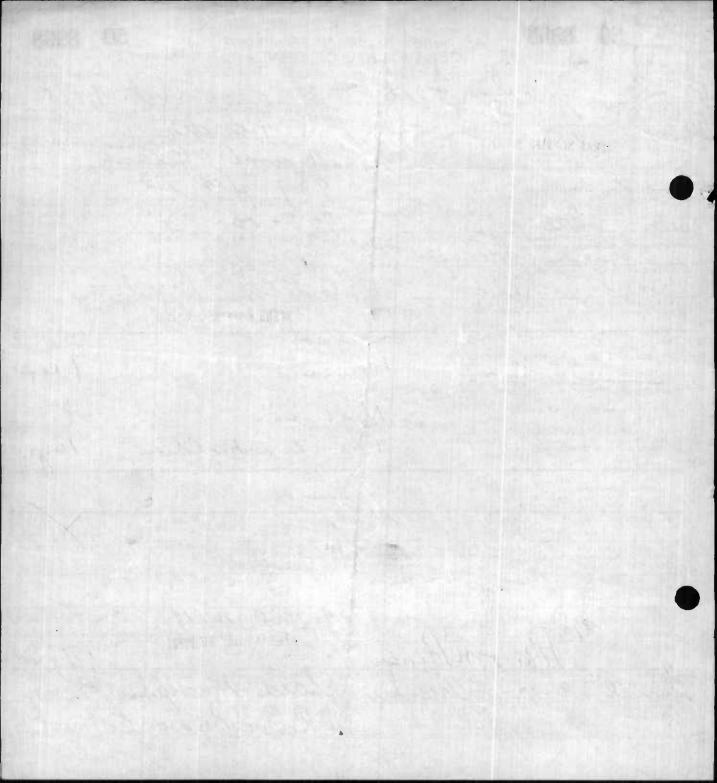
В	RTH NO.			CERTIFICAT	E OF DEATH	Kegi	stered No.			
	NAME OF E	CONT	rie }	nullen,	St Clair	2. DATE OF OEATH	oct 19 19	50		
	Baltimore	City, Maryland	irgon	Boely.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or instituti	on, give street address or location)	Ma 1109 Ball City					
۳				Yrs.	D. STREET ADORESS (If rural, give location)					
		stay in Baltimore	13	Las Mos. Days	1109 argound Drive					
7	sex	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIEO, ED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   11 Under I Year   11 Under I Year   11 Under I Year   11 Under I Year   12 Under I Year   12 Under I Year   12 Under I Year   13 Under I Year   13 Under I Year   13 Under I Year   14 Under I Year   15 Under I Year   15 Under I Year   15 Under I Year   16 Under I Year   16 Under I Year   17 Under I Year   18 Under I					
worl	done during most	CCUPATION (Give kind of of working life even if retired)	ete or foreign country		OF OUNTRY?					
13	FATHER'S	NAME + +0	7 1 5 4		14. MOTHER'S MAIDEN NAME					
12	WAS DECEAS	ED EVER LA U. S. ARME	- FORCES?	16. SOCIAL	marga	ref account	clark			
(Ye	no or unknown)	(If you live war or date	on of service)	SECURITY NO.	17. INFORMANT	Stellen	1109 argn	La		
	18. 44	3X ,	151	X CAUSE	OF DEATH		ONSET A	BETWEEN ND DEATH		
l.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease,							unth		
E		complication which			perturin a	Martini	-			
z	ANTECEDENT CAUSES Relievate Cardiovasculardus						him 10 4	71		
L CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
				(2)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED. TO THE DISEASE OR CONDITION CAUSING IT.				iona of s	toneach	34	~~		
				FINOINGS OF OPER	RATION		20. AUT	OPSY?		
DICA	21A. ACCIOENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in 1)						re City, give exact loca	NO A		
Ш	HOMICIDE	(Specify)	about home, fa	arm, factory, atreet, office bldg.,	etc.) INJURY OCCUR	7				
X	2 ID. TIME OF INJURY	(Month) (Day) (Year	(Hour)	EO 21F, HOW DID I	NJURY OCCUR?					
	22. I hereby certify that Lattended the deceased from War, 1946, to 19 Oct, 1850, that I last saw th									
	deceased alive on 1804, 1950, and that death occurred at 4 75 p.m., from the causes and on the date stated about									
	2. SA. 151GWA	llan Lo	ciel		13+E. Belu	where there.	19 Oc	150		
24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)										
	ATE RECEIVE	TRAR	2 2 7	RE ()	25 FUNERAL DIREC	Sus 1	ADDRESS			
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL BESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE / before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) MILLER (If Mural, give location) Yrs. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year If Under 24 Rours WIDOWED, DIVORCED (Facily) last birthday) Months: Days Hours: Min. 10A, USUAL OCCUPATION (Give kind of work coneducing most of working lith, even if retired) 10B BUSINESS OR THPLACE (State or foreign country) 12. CITIZEN OF DUSTR WHAT COUNTRY? SELF ER'S NAME MALDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... L 11 RHI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE! WHILE AT WORK

22. I hereby certify that I attended the deceased from

deceased alive on 10-19-, 1950, and that death occurred at

238. ADDRESS

10 - 15 , 195 w that I last saw the Im., from the causes and on the date stated above. 23c. DATE SIGNED

BURIAL, CREMA-REMOVAL (Specify) 248 DATE

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (C ty, town or county)

DATE RECEIVED BY LOCAL REGISTRAR

23A. SIGNATURA

ADDRESS

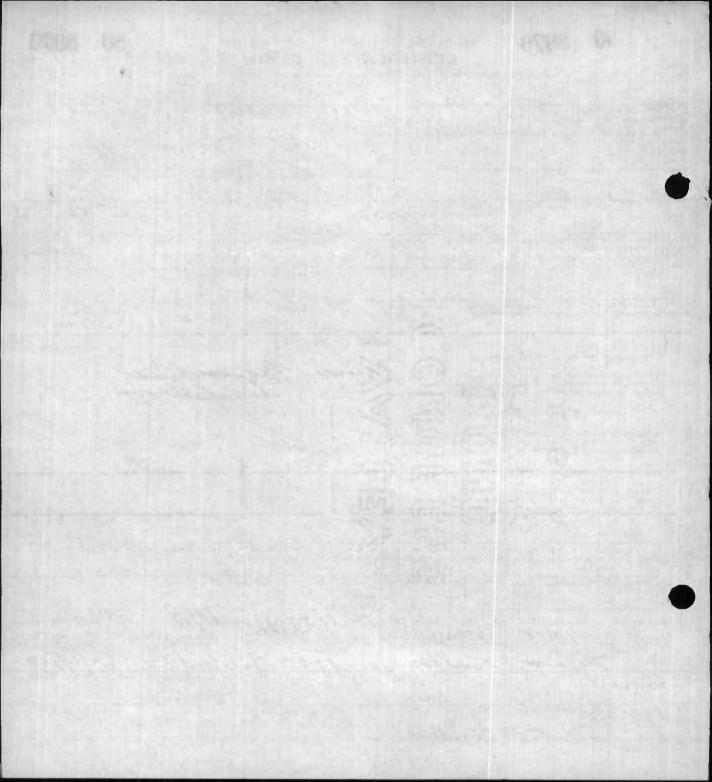
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 8970

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. 0	OATE OF
Georg	e W. Bish	D	EATH Oct. 18. 1950
A. Baltimore City, Maryland 560	09 Hair Oaks Ave.	4. USUAL RESIDENCE (Where d	leceased lived. If institution; residence  B. COUNTY before admission)
B. FULL NAME OF (If not in hospit	al or institution, give street address or		and a service admission;
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside	e corporate limits, write RURAL and give
(70		Baltimore	27-6 b township)
	Yrs.	D. STREET ADDRESS (If rural,	give location)
angth of stay in Baltimore	Mos. Days	5609 Fair Oaks	Arre
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. A	GE (In years W Under   Year   If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify) Married		ast birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of		11. BIRTHPLACE (State or foreign	
work done during most of working life, even if retired)	INDUSTRY		country) 12. CITIZEN OF WHAT COUNTRY:
Wholesale baker Ret.	Baking	Carroll Co. Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Simon P. Bish		Angeline Meyers	
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No.	SECORITI NO.	Mrs. Theresa Bish 5	609 Fair Oaks Ave.
18.4.22.2	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION		o. DEATH	ONSET AND DEATH
LEADING TO DEAT	TH K/L	and Mere and	09
(This does not mean the mode of heart failure, asthenia, etc. It mea	ns the discase.	me My son	were .
injury or complication which c	aused death.) DUE TO	1 Tupas	tares)
ANTECEDENT CAUS	ES		
Z DISTANTS OF CONDITIONS	(B)	***************************************	
O DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE OUE TO		
UNDERLYING CONDITION LA	ST.		Silver Sea St. Car.
OTHER SIGNIFICANT CONDI			
E OTHER SIGNIFICANT COND.	TIONS SOL		
WI TRIBUTING TO THE OEATH, BUT	NOT RELATED		STATE OF THE STATE
TO THE DISEASE OR CONDITION		······································	
19A. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
O SALE OF STERRITOR OF	218. PLACE OF INJURY (e. g., in	n or   21c. WHERE DID (If in B	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	ito.) INJURY OCCUR?	Saltimore City, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCC	UR?
F INJURY	M. WORK AT WORK		
	ATTOMA	2/1/1/2 / 10/	100
	ended the deceased from		, 198, that I last saw the
deceased alive on 10/18	, 19 & D. and that death occur		uses and on the date stated above.
23A. SIGNATURE	Er Opan 2	3B. ADDRESS	1 KG 23C. DATE SIGNED
rafe.	M. O.	5/02 Bar Will	00 101-140
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATI	ON (Cify, town, or county) (State)
	O Packwood	Parkv	ville, Md.
DATE RECEIVED BY REGISTRAR	SISIGNATURE O	25. FUNERAL DIRECTOR	ADDRESS
רבי טופרטיצירטטי	WIII - W M =	Wilrich Gungral Home	2008 Orleans St.
VC 150	THE PERSON OF TH		
VS 150	· Const	14	1012 d



BALTIMORE CITY HEALTH DEPARTMENT Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARIE ERNESTINE OF 10-19-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF ALTIMORE HOSPITAL OR C. CITY_OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION owson (If rural, give location) Yrs. Mos. ength of stay in Baltimore JUSQUEHANNA Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED It Under 24 Hours 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. SEP 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE OME SALTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VILLIAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO AN - TOWSON. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY RCINOMA OF STOMACH WITH LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, METASTASES injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... RTI OTHER SIGNIFICANT CONDITIONS CON-CHOLELITHIASIS W TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL WITH METASTASES )TOMACH (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A, ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE WORK AT WORK SEPT 21, 1900 to OCT . 1950 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 10-19.509 and that death occurred at 12:40 fm., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-

24c. NAME OF CEMETERY

24D. LOCATION (fity, town, or county)

TION, REMOVAL (Specify) BURIAL

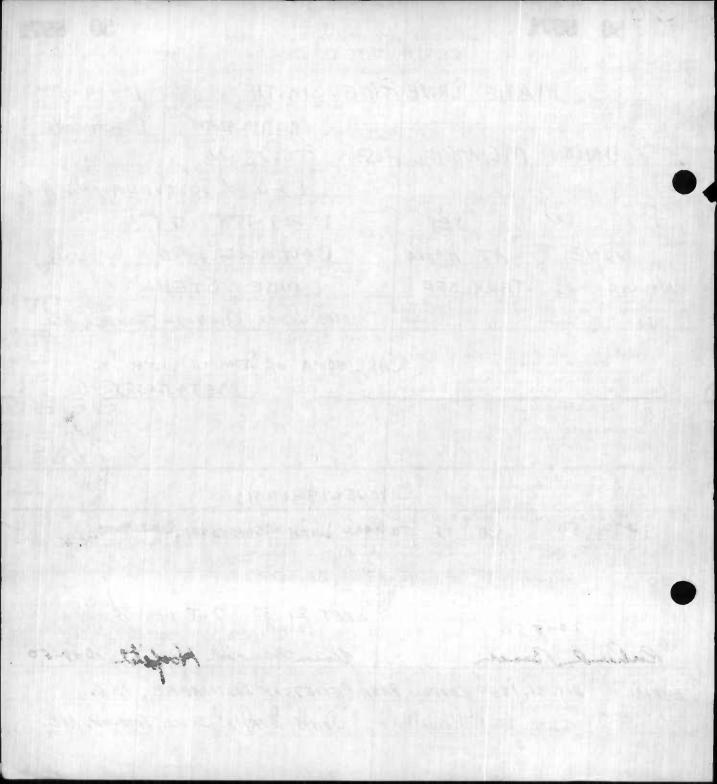
· Maringa ing smo

BALTIMORE, MD.

DATE RECEIVED BY

SONS, TOWSON, MD.

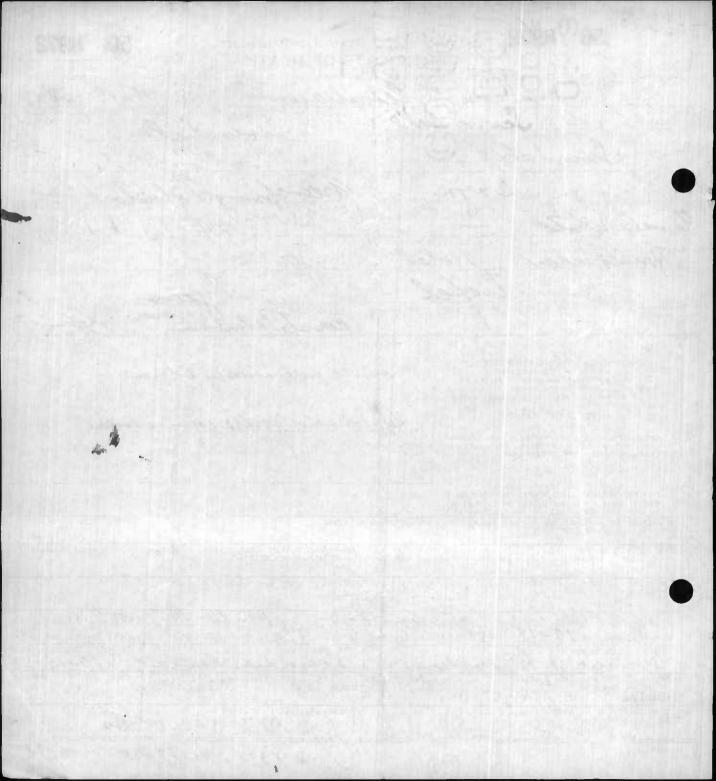
ADDRESS



- 1	451 50 8972 BALTIMORE CITY HE		50 8972					
B	CERTIFICATE NO. WRG. HANNAH DATMEN		Registered No.					
1.	NAME_OF DECEASED		DATE OF 10-19- 50					
	PLACE OF DEATH: Baltimore City, Maryland Sevendole		deceased lived, If institution; residence before admission)					
Lab d	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL and give					
	South of story in Bolling 30 mgs.	DATREET ADDRESS (If rura	, cive location)					
THE REAL PROPERTY.	Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  WIDEWED, DIVORCED (Specify)	B. DATE OF SIRTH 9.	AGE (In years If Under I Year last birthday) Months: Days Hours Min.					
1C worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Industry in most of working life, eval if retired)	11. BIRTHPLACE (State or foreig	n country) 12. CITIZEN OF WHAT COUNTRY?					
13	FATHER'S NAME TO STATE OF THE S	14. MOTHER'S MAIDEN NAME						
1 11	Mas process swall was a surger	yella dyy	ero					
(Ye	b. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	Cosi Salma	in Takethisal)					
	18. 443 X CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	te pulmonary	edema					
	ANTECEDENT CAUSES	4.	0 1-					
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING	tensive cardiores	cular disley					
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
F	(C)							
E	OTHER SIGNIFICANT CONDITIONS CON-							
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
,	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?					
CAI	9		YES NO L					
MEDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bidg., e		Baltimore City, give exact location)					
1	YIO. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY OF	CUR?					
L	m. WHILE AT NOT WHILE							
		3- 1949 to 10-	19 , 1950, that I last saw the					
	deceased alive on 10-18, 19.50, and that death occur	red at 1405 a.m., from the e	auses and on the date stated above.					
		38 DDRESS	23c. DATE SIGNED					
	Jerome J. Munkerg M.D.	Levindale No	me 10-19-50					
710	BURIAL (Specify) 10/20/50 24 BALTO HEBR	EW CEMATORY 245 LOCA	TION (City, town, or county) (State)					
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS					

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CONSTANTINE - OKOLICO BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OPOLRO CONSTANTINE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) C. CITY OR TOWN B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Sound altimore D. STREET ADDRESS (If rural, give location) Mos. Street Length of stay in Baltimore S. Hanover Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under J Year WIDOWED, DIVORCED (Specify) hday) Months Days Hours Min. Married 10A. USUAL OCCUPATION (Give kind of work done during upon tof yorking life, even if retired) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Labor Kussia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OPolko ProKurot ustin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BE WEEN 18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Oct. 1950. to 19 ST, that I last saw the deceased alive on Oct. 19, 19 50 and that death occurred at 12:054.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED Martin C. Mainpurpour M.O. So. Ballo. Oct. 18,1950 Alm HOSD. 24A. BURIAL, CREMA-24C, NAME OF CEMETERY OF CREMATORY 240 CATION (City, town, or county) 24B, DATE DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR T 2 0 1050t VS 150 . . . . . . . Me de dags

1884 68 いんかんご Kilwad. 215-03-1210 Frank Operthe 3551 June say Oct-21-50 Holy Tundy Russian Elknidge, 1000 Burial

8974 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (EMW) OF Oct. 19, 1950 (Type or Print) FRANK HARMON Harman 3. PLACE DF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. CDUNTY before admission) Marvland (If not in hospital or institution, give street address or B. FULL NAME DE HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Lutheran Hospital township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ength of stay in Baltimore 1410 Rosedale St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | H Under | Year | H Under 24 Hours | Iast birthday) | Months: Days | Hours | Min. WIDDWED, DIVDRCED (Specify) Male White Married 58 May 10:1892 10A. USUAL DCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Western Md. Stationery Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Harman Jennie Kirkland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SDCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY ND Yes W.W. 216-03-2865 Irs. Elizabeth Harman 1410 Rosedale CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES DR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ..... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. П U 198. MAJDR FINDINGS DF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X 218. PLACE DF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | DR CONTRIB. UTING CAUSE DF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 21F. HDW DID INJURY DCCUR? 21E. INJURY DCCURRED WHILE AT NOT WHILE! AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes D, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24B. DATE 10-23-1950 Bur ia Loudon DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LDCAL REGISTRAR G. Howard Strong 3207 W. North Ave.

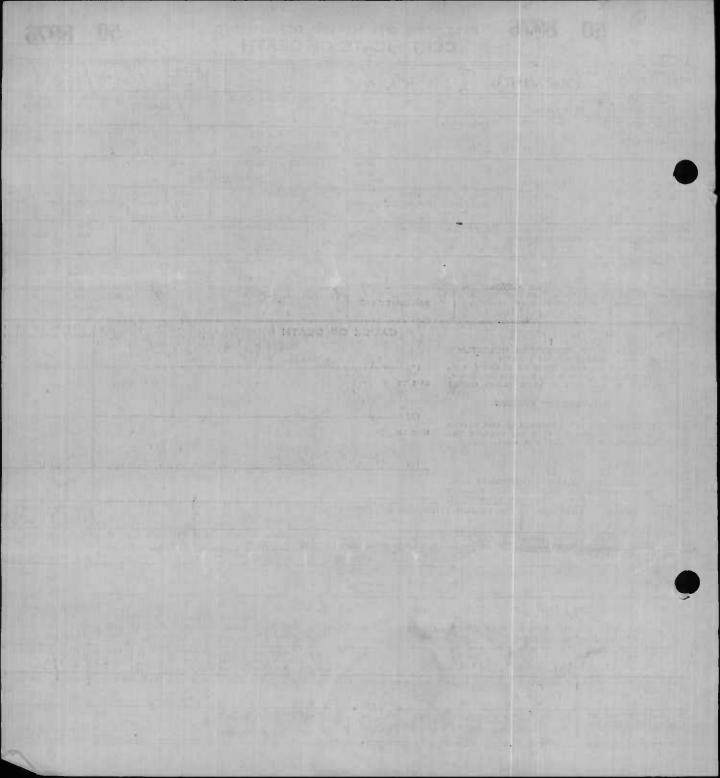
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8975

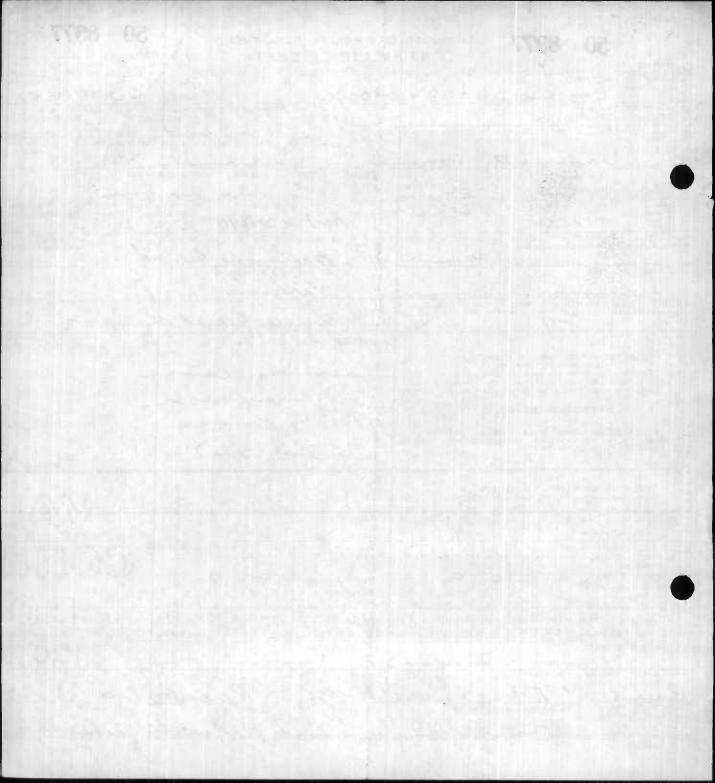
ВІ	RTH NO.			CERTIFICA	71	E OF DEATE	7	registere	4 210,	Franklin II
1. (T:	NAME OF DECEASED pe or Print)	Clara	A. Tu	icker				2. DATE OF OCT	ober	19, 1950
3. PLACE OF DEATH:  A. Baltimore City, Maryland						4. USUAL RESIDE	NCE (Wh	ere deceased lived B. COUNTY	. If instit	tution: residence before admission)
HC	FULL NAME OF (If not SPITAL OR STITUTION 2123	ss or tion)	Maryland c. CITY OR TOWN Baltimore		utside corporate li	mits, wri	ite RURAL and give			
					rs.	o. STREET ADDRES				No. of
	Length of stay in Balt				los.	2123 Wilhe		reet		F-Edition 1
1	female white		MIDOM	married. Ed, divorced (Sp ried	ecify)	8. DATE OF BIRTH Oct. 5, 187		9. AGE (In years last birthday)	II Under Months	Days Hours Min.
work	done during most of working life, even housewife	Give kind of to if retired)	own h	OF BUSINESS OF INDUS		Virginia	tate or fore	eign country)	12.	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Hiriam Comer					14. MOTHER'S MAI Arthelia Tu		ME	'	
15 (Yes	WAS DECEASED EVER IN U. no or uoknowo) (If yee, give	S. ARMED war or dates of	FORCES?	16. SOCIAL SECURITY N	0.	17. INFORMANT Mrs. Gertru	ide Fr	iedman, 18	ADDRI 22 Wi	
CATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						Z/Months			
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.					o sebuti	Hen	+ Disens	L	melanes
LYING OR CONTRIBUTING   about bome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?						in Baltimore City	y, give e	20. AUTOPSY? YES No Paragraph N		
No.	CAUSE OF DEATH  10. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   AT WORK   AT WORK									
	22. I hereby certify that I attended the deceased from April 1, 1949 to Oct 19, 1950, that deceased alive on 0 19, 1950, and that death occurred at 12 12, m., from the causes and on the da						at I last saw the			
	23A. SIGNATURE	TCo	renshi	м. о		38. ADDRESS - 1/n	un &	1.		C. DATE SIGNED
TIQ	A. BURIAL, CREMA- N. REMOVAL (Specify)	DATE 21/50	)   2		ETE	Cemetery		Baltimore		unty) (State)
LO	TE RECEIVED BY REG	ISTRAR'S	SIGNATU	litame Me		25. FUNERAL DIRE	anc.	12 <b>17</b> St		oress ul Street

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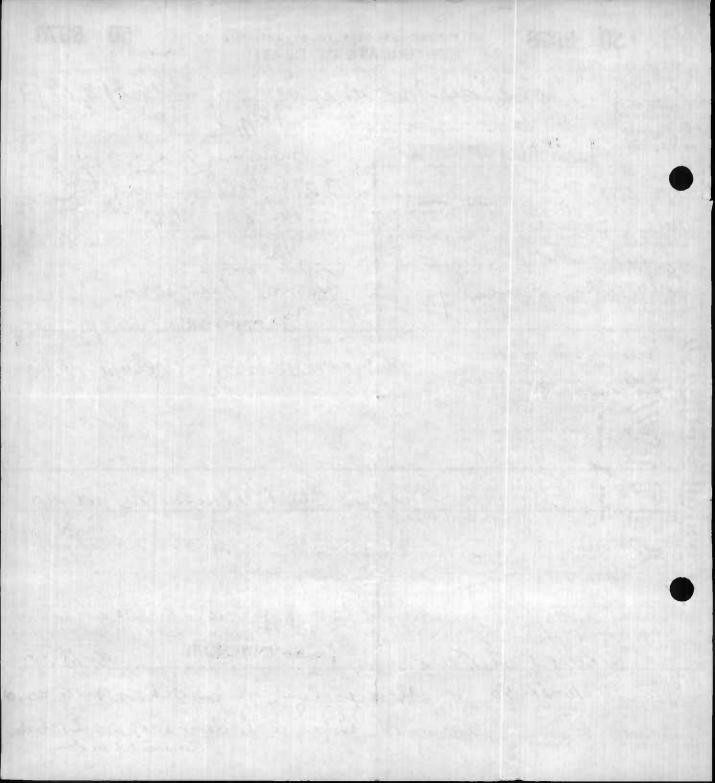


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) melia SHANEY BROOK Oct 19, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Ballemane D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore aren Davs 9. AGE (In years | If Under | Year | If Under 24 Hours | last birthday | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED)
WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME فالمرا 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. unes Edward Shawardron CAUSE OF DEATH 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION None (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or ) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE ATT NOT WHILE! 22. I hereby certify that I attended the deceased from 10 - 1 23A. SIGNATURE 23B. ADDRESS

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? , 1950, to 10 · 19 , 1950 that I last saw the deceased alive on 10-18, 1950, and that death occurred at 12 km., from the causes and on the date stated above. 23c. DATE SIGNED new W. D University 0019 1950 Hous M. D. 24A. BURIAL. CREMA-24B. DATE 24C NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) 10 28. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



2-510		F0	0040
	E OF DEATH	Registered No.	8978
1. NAME OF DECEASED Congridish of	in early 1	OF DEATH OCA!	8.1950
S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (When		before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  THUSGE STITLON STATE  OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF		tside corporate limits, wri	te RULAL and give
Yrs. Mos.	D. STREET ADDRESS (If rur	al give location)	Po
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKINED, WIDOWED, DIVORSED (Specify)		AGE (In years   Under last birthday)   Months	Year Hunder 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of porking life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or forei		CITIZEN OF WHAT COUNTRY?
13. ATHER'S NAME	14 MOTHER'S MAIDEN TAM	E	
15. WAS DECEASED EVER IN U. S. ARMED PORCEST 1d. SOCIAL Yes, no or uokoown) (If yes, give war or dates of pervice) SECURITY NO.	17. INFORMANT	ADDRI	ESS
	LONES HOPEIRS B	OSPECIA	
18. 198 / CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	operitonese	Sareoma	Amo
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	V		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	***************************************		
UNDERLYING CONDITION LAST. (C)			
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ic Con Pulm	iouale.	10MD
194. OATE OF OPERATION 198. MAJOR FINDINGS OF OPER			20. AUTOPSY?
218 ACCIDENT WAS LINGED   218 PLACE OF INJURY (e.g.,	in or   21c. WHERE DID (If i	n Baltimore City, give	YES NO L
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.,		in Datimore Only, give	
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT WORK AT WORK		CCUR?	
22. I hereby certify that I attended the deceased from 9	/25 619 to 18		at I last saw the
deceased alive on 6 , 1950. and that death deced	238. ADDRESS HOPLIES HOSP	causes and on the de	c. DATE SIGNED
24A, BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		ATION (City, town, or co	ounty) (State)
TION REMOVAL (Specify) 10-21-50 Woodland	· Cen Bry	- Oukans 13	allo to H
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Edward Jouls	or 135 W	sh Block
C1 251,550 Thurtug or 1711 470		Bulto 30 M	ed ,
1700	ox .		046h



B-260 8979

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8979

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10118120 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or laryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Shuth Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Dreit wey Days venue. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. Simple 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? UNKNOWA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It menns the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 2 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA HOSCESS YES Jubditphramatic 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from 10 16 150 19_ , 19___, that I last saw the deceased alive on lock 500 19 and that death occurred at 2:55 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 2 AB. DATE DATE RECEIVED BY DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Ballago mel

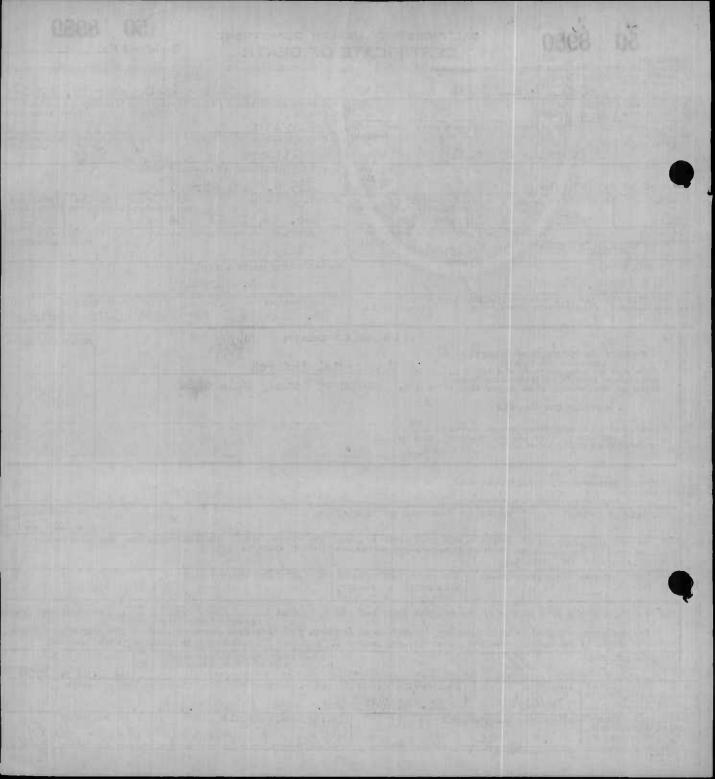
0028 00 I blight was greated are the beginning and THE RESERVE wet sid Little The Control AND CLASSIFICATION OF THE STATE Servicos Bankart 

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-		50	8980

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8980

BIRTH NO.			CERTIFICATI	E OF DEATH	registerea	110,	
1. NAME OF (Type or Prin	DECEASED			2. DATE			
	GEORGE M. B	LANCHAR	LD			ober 18, 1950	
3. PLACE OF	E City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived.  B. COUNTY	If institution: residence before admission)	
B. FULL NAM	B. FULL NAME OF (If not in hospital or institution, give street address or			Maryland	0.300		
	HOSPITAL OR location			C. CITY OR TOWN (If	outside corporate lin	nits, write RURAL and give township)	
	University .	Hospita	1	Baltimore	17	-06	
			Yrs. Mos.	O. STREET ADDRESS (If	rural, give location)		
Length o	f stay in Baltimore		Days	265 W. 31st S	Street		
5. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months Days   H Under 24 Hours   Min.	
male	white	wide		Dec. 29, 1885	64		
10A. USUAL	OCCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF	
Maint	cenance Dept	Rail	road	Maryland		WHAT COUNTRY	
13. FATHER	S NAME			14. MOTHER'S MAIDEN N	AME		
15 11i	am S. Blanchar	d		Sarah E. Me:	redith		
15. WAS DECE	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unkno	wn) (If yes, give war or date	a of service)	SECURITY NO.	Mr. Charles E	Van Fleet	1816 Dukeland	
1.011	2 / 1		CALLOT			INTERVAL BETWEEN	
18.4	1		CAUSE	OF DEATH		ONSET AND DEATH	
	EASE OR CONDITION LEADING TO DEA	TH	Marona	dial infarct			
	does not mean the mode of ailure, asthenia, etc. It mes			***************************************	***************************************		
injury	or complication which	caused death	n.) OUE TO COPO	mary artery sclen	70513		
	ANTECEDENT CAUS	SES					
Z DISEA	SES OR CONDITIONS, I	FANY GIVII	(B)		***************************************	***************************************	
O RISE T	O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING T					
Y ONDE	RETING CONDITION D	131.	(C)	***************************************	***************************************		
DISEA RISE T UNDE	11						
OTHE	R SIGNIFICANT CONDI						
то тн	E DISEASE OR CONDITION	CAUSING I	т				
U 19A. DAT	E OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
4				Lote William Dip (	le to Dali's Otto	YES NO L	
UNDERL	ERNAL CAUSE WAS TING [] OR CONTRIB-   CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., it farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (1 otc.) INJURY OCCUR?	ir in Baltimore City	, give exact location)	
	E (Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
FINJU	K Y	m.	WHILE AT NOT WHILE				
22. I ce	rtify that I took ehar	ege of the	remains described a	hove, held an au	topsy	thereon and from	
				Autopsy.	Inspection or Inquir	У	
l the	evidence obtained by	resulted	opsy, inspection or i from: natural causes	Inquiry, find that said d B X, accident \( \subseteq \), suicide	$\Box$ homicide $\Box$ .	undetermined $\square$ .	
23A. SIG		/	100000000000000000000000000000000000000	23B. CHIEF MEDICAL	EXAMINER	23c. DATE SIGNED	
N/A	Tracelan /8	, Aly	, enclum	.D. MEDICAL INVESTIGAT	EXAMINER	Oct. 19, 1950	
24A. BURIA	L. CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L			
TION REMOVA Buria		50	Ft. Lincoln	Cem.	sh. D. C	- FREE STEEL	
DATE RECE	VED BY   REGISTRAR			35. FUNERAL DIRECTOR	1	ADDRESS	
LOCAL REG		1 7	Kin	(1) (1)	Aug & H	Ms= (sall)	
77 co (2) 2	The state of the s	to all the	Matterity Mez	Will. J. W.	0 0	MAX	

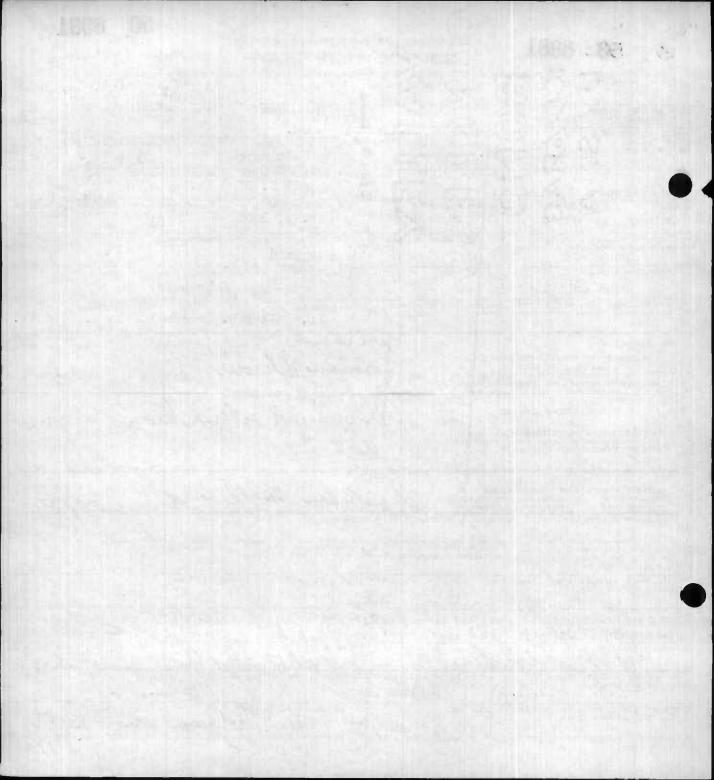


C-654 50 8981

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8981,

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE Oct. 19, 1950 ANNIE CROMWELL (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 613 E. 32nd St. Baltimore township D. STREET ADDRESS (If rural, give location) Yrs. Mos 613 E. 32nd St. ength of stay in Baltimore Davs 9. AGE (In years if Under 1 Year last birthday) Months Days Hours Min. 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVERCED (Specify) Feb. 8. 1869 female 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul Heimiller Schnauffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 613 E. 32nd St. Mr. Walter P. Cromwell no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK 1949 to Oct. 19, 1950, that I last saw the 22. I hereby certify that I attended the deceased from Colored deceased alive on Oct . 15 . 1950 and that death occurred at b. A.m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 10.21.50 Loudon Park Balto., Md. Burial DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

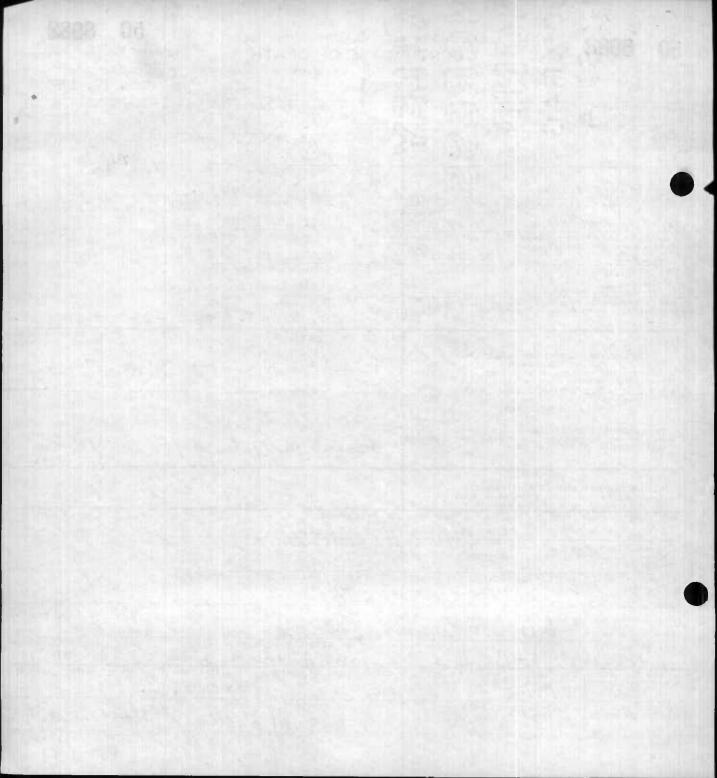


VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE Oct. 19, 1950 BERTHA PEARL GROSHON (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 2907 Brighton St. Balto. D. STREET ADDRESS (If rural, give location) Yrs. Mos 2907 Brighton St. ngth of stay in Baltimore Days 9. AGE (In years | If Under I Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 59 Sept. 15, 1891 female whi.te married 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108, KIND OF BUSINESS OR WHAT COUNTRY? work dooe during most of working life, even if retired) INDUSTRY Pennsylvania SALES Clerk Ice Cream 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie Bowers William Whalen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Louis F. Groshan - 2907 Brighton St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Scirhous Carcinoma - Brease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO General Metastasis UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 回 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES Corcenoma 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK . 19 50, that I last saw the 1948/to ON 22. I hereby certify that I attended the deceased from. deceased alive on Our 19, 1950, and that death occurred at 5:13 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 529 N. Charles Sv Oct 20, 1950 24C. NAME OF CEMETERY OR CREMATORY, 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE 10/23/50 Woodlawn, Md. Woodlawn Cem. Burial 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE! water Meligher Mil LOCAL REGISTRAR

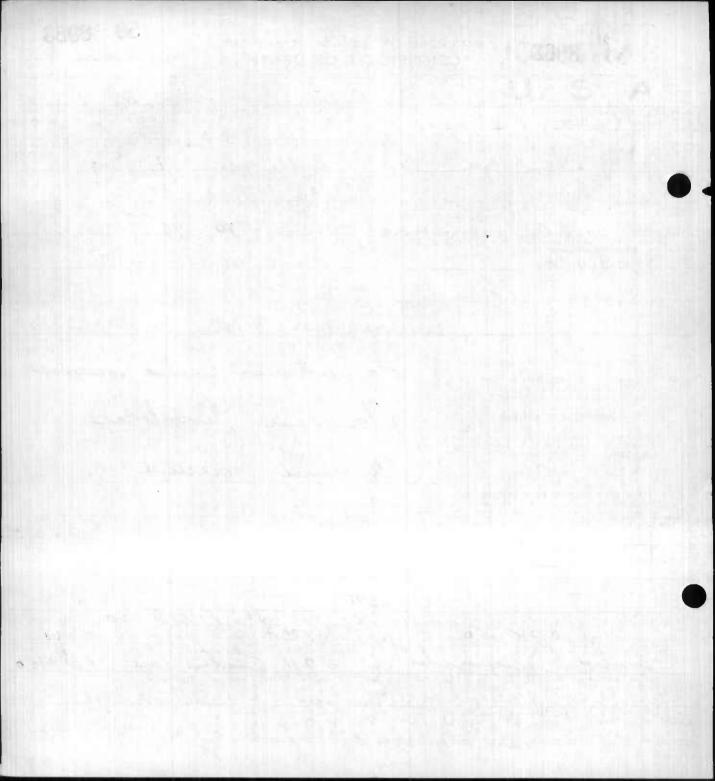
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### BALTIMORE CITY HEALTH DEPARTMENT

50 8983

BIRTH NO.	E OF DEATH
1. NAME OF DECEASED (Type or Print) Katherine Prush	nieuski 2. Date OF 18 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore. ml	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	maryland
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
506 L. Rose St.	Baltimore
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  506 J. Rose J.
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min.
Kemale white widowed	Dec 31 1870 71
MOA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
- Housewife !	Germany
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Skebinske	unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
2/2-18-59220	mary, U. toster 2418 W trankler
18. 420.1 CAUSE	OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in the in the land of the second
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	percently lavale little
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	( muliones)
O DISEASES OR CONDITIONS, IF ANY, GIVING	covery / with
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
	ulina) Include
[E] [I]	rune out
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.  194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER.	ATION   20, AUTOPSY?
194. DATE OF OPERATION () 198. MAJOR PINDINGS OF OPERA	YES NO PS
U at ACCIDENT CHICLES I A SE DE ACE OF INJURY ( - In	or   21c. WHERE DID (If in Baltimore City, give exact location)
D HOMICIDE (Specify)  about home, farm, factory, street, office bldg, e	tc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 10,	10 , 19 to 10/18, 1950 that I last saw the
deceased alivern 10/18, 1950 and that death occur	
	3B. ADDRESS D 7 23C. DATE SIGNED
Melin Commentes M.D.	2711 Carles Cu. 10/19/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Oct 21 1950 St. Stanes	land Dundalk are Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
- 1050 + to Williams Min	John & henda Inc 2829 Hudson &
UCT VE USO 30	093d



before admission)

Unlmown

20. AUTOPSY?

23c. DATE SIGNED

ADDRESS

township)

51124

238. ADDRESS

4940 Eastern Avenue 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or equnty)

23A. SIGNATURE

24A. BURIAL, CREMA-Burial

DATE RECEIVED BY

STAD REGISTRAR

REGISTRAR'S SIGNATURE

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correc

det 21-145. Holy Redermin Com. 1430 Belain Nel 1. ..... Frank Trein were 122 & Hillett

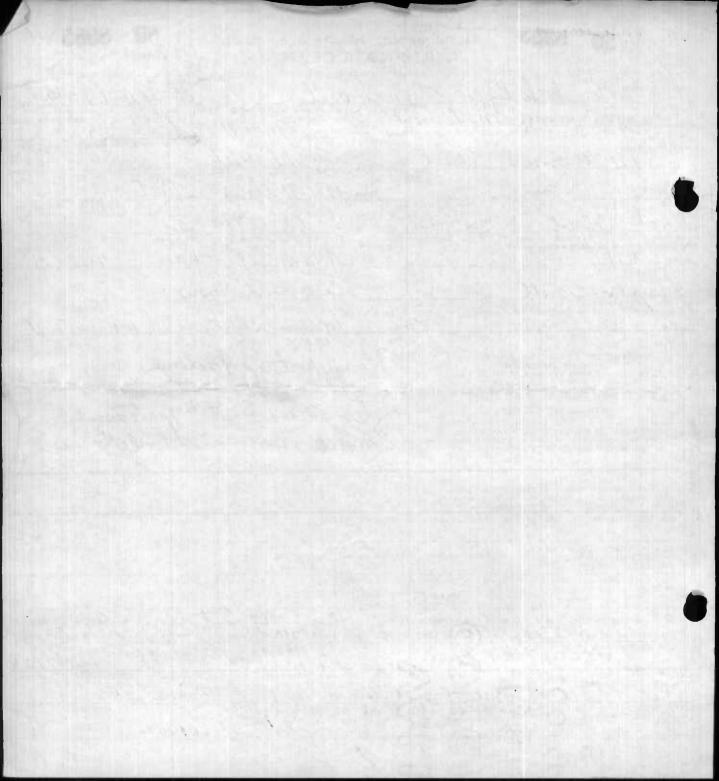
B-43048985

especialis, important, importants, please write the causes of death clearly and legibly.

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8985 Registered No.

В	IRTH ND.			OLIVIII 10/V	120;	DEATH			
(7	NAME OF D Type or Print)	Cleabeth	Lycie	Black	Ewell	2	2. DATE OF DEATH	0-19-	50
	Baltimore (	City//Maryland (	Bali	timore	A. STAT	AL RESIDENCE (	Where deceased lived		: residence '} ore admission')
Н	FULL NAME OSPITAL OR	OF (If not in hospi	ital or instituti	on, give street address location		OR TOWN (I	f outside corporate l	limits, write RT	IRAL and give
1	STITUTION	1 Warne	v St	reet	B	altimur	2	1-01	township)
				38 Yr		ET ADDRESS (If	. 01-1	)	
	ength of s	tay in Baltimore	7. SINGLE	Da , MARRIED.		OF BIRTH	9. AGE (In year)	E If Under 1 Year	If Under 24 Hours
Ĵ	emale	Colved	max	ED, DIVORCED (Spec	4-	15-1899	last birthday)	Months Days	Hours Min.
wor	A. USUAL OC	CUPATION (Give kind of yorking life, even if retired	10e. KIND	OF BUSINESS OR INDUST	RY DIRT	HPLACE (State or f	foreign country)	12. CITIZ WHA	EN OF
	EATHER'S		107.0		Tolo	mulh	Va	Wis	·A
	Corro	A- Butt	4		100-	va Der	ans		
X	WAS DECEASE	ED EVER IN U. S. ARME (If yes, give wer or dat	D FORCES?	16. SOCIAL	17 JNF	DRMANT	CONS	ADDRESS	
	No	,	0.0000000000000000000000000000000000000	SECURITY NO	Solor	nan Blace	ewill 11119	Warney .	Sheet
	18. 44	2× 1		CAUS	OF DEA	тн		INTER	VAL BETWEEN
		SE OR CONDITION	TH	11	nh, h	state of	allere		
	heart failu	re, asthenia, etc. It me	of dying, e. g ans the discase		700	oray 1.	^		***************************************
		complication which		) DUE TO	1	1 -1.	the -		
z		ANTECEDENT CAU		(B) Ou	enst	clerra	Thele	useal	
0	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A)	STATING TH		dia	boscale	2) Lange	dione	4.6
CA	UNDERLY	ING CONDITION L	AST.	(c)	400		-07004	, occords	ee.
LE		11							
CERTI	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT	NOT RELATE	D					
O		F OPERATION		FINDINGS OF OF	FRATION	=		1.20	AUTOPSY?
AL		. G. E.N. TION	TSB. MAJOR	THE INCO OF OF	ENATION			YES YES	No T
MEDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. R CONTRIBUTING  DEATH	218. PLA about home, fe	CE OF INJURY (e. 1 orm, factory, street, office his	g., in or 21C. lg., etc.) INJL	WHERE DID (	If in Baltimore Ci-	ty, give exact	location)
2	21D. TIME ( OF INJURY	(Month) (Day) (Year	) (Hour)   2	11E. INJURY OCCUI	RRED 21F.	HOW DID INJUR	Y OCCUR?		
			m. W	WORK NOT WHI					
	22. I hereb	n certify that I at	tended the	deceased from	ful,	, 197 %, to O	0 19 ,1	9.5, Plat 11	ast saw the
	deceased a		1950	and that death occ			the causes and o		
	23A. SIGNAT	Thows	thy K	, M.D.	236. ADDF	N Juda	rod of	- 23c DA	TE SIGNED
24	AA. BURIAL, C	CREMA- 24B. DATE	/ 2	4C. NAME OF CEME	TERY OR CR	EMATORY 24D. L	OCATION (City, to	own, or county)	(State)
1	Burial	10-823	1950	Mount le	clurn (	Emoles On	Ctimuse C	Teleg.	
	ATE RECEIVED		SSIGNATU	Thama War	25. FON	ah Church	LILIANO	ADDRES BASA	e st
=	VS 150	390,		711920	young	//	10017000	L COUPL	<u>_</u> 6-1
				/				1 100	

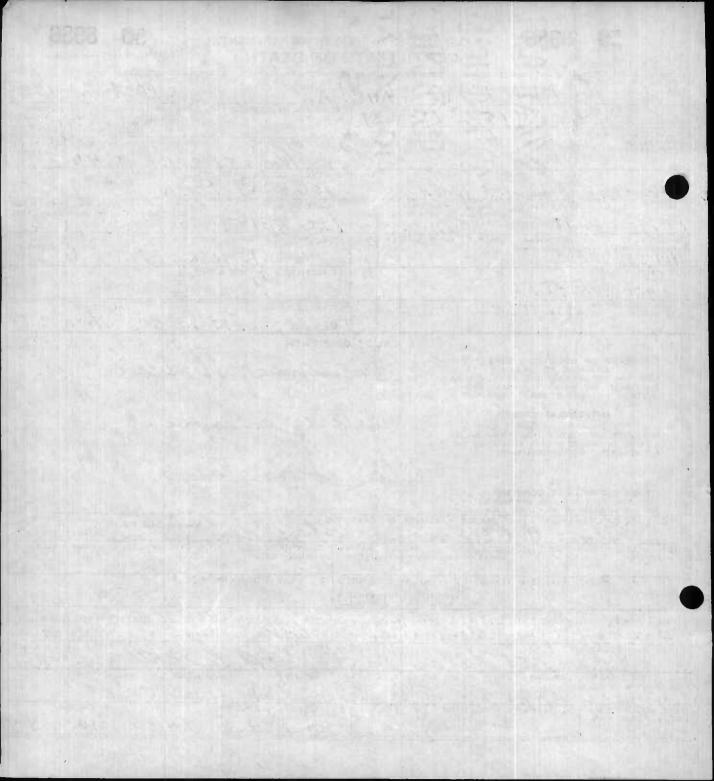


V- 255 08986

# BALTIMORE CITY HEALTH DEPARTMENT

50 8986 egistered No.

BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D	ECEASED A	0 -	1111		2. DATE	00 14/7
	ype or Print)	ALI	CK	V. VAUG	HAN		20-1450
3. A.	Baltimore (	City, Maryland / C	705 3	PACA ST.	4. USUAL RESIDENCE ()	Where deceased lived, If inst B. COUNTY	titution: residence before admission)
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or		21	- 01
	STITUTION	~		location)		f outside corporate limits, w	rite RURAL and give township)
1	) ()					IMORE 1	70
			LIEFT	Yrs. Mos.	1005 S	Page 10 PT	
5.	ngth of s	tay in Baltimore		Days Days	8. DATE OF BIRTH	PACA SI	er I Year   If Under 24 Hours
	EFM	WHT	WIDOW	ED, DIVORCED (Specify)	DER 10-1076	dast birthday) Month	s Days Hours Min.
10	A. USUAL OC	CUPATION (Givekindof	1 10B. KIND	OF BUSINESS OR	II. BIRTHPLACE (State or f	oreign country)   12	CITIZEN OF
		Working life, even If retired)		INDUSTRY	P	ORE MD	WHAT COUNTRY?
	. FATHER'S				14. MOTHER'S MAIDEN N		00
	Turne	a EYERI	4		2		
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	DOLORES. JET.		ACA ST.
	10 1 1-1	\		CALICE		1-1003 5 7	INTERVAL BETWEEN
	18. /5/	1		CAUSE	OF DEATH	at 1	ONSET AND DEATH
		SE OR CONDITION	TH	Car	remores of n	Mousek	12151
	heart failt	s not mean the mode oure, asthenia, etc. It mes	ans the diseas	e,			1
	injury or	complication which	caused death	i.) DUE TO			0
7		ANTECEDENT CAUS	SES	- an	Terrio a la	and a	
O		S OR CONDITIONS,					
CAT		THE ABOVE CAUSE (A)		HE DUE TO			
FIC				Pus	censonal	min	1
E	OTHER	II COND	ITIONS SE		annous		
CERT	TRIBUTIN	G TO THE OEATH, BUT	NOT RELATE	ŁO			
0		OF OPERATION O I		FINDINGS OF OPER	RATION	/ weterland	20. AUTOPSY?
AL	1/2	ely 1950	Carr	enoma 4	sternack	to lives.	YES NO
EDICA	HOMIOTOE	ENT. SUICIDE.	2 IB. PLA	ACE OF INJURY (e. A., i	n or   2 IC. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
ME		aspectary,					
~	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	tended the	deceased from	ely , 195 Oto C	Oct 20, 1950	that I last saw the
	deceased a				rred dt 6.45 At., from		
	23A, SIGNA	TURE	-7/1	10 -0 1	3B. ADDRESS	Hus	23c. DATE SIGNED
	1	anner	1.u	(acido.o.)	TRY OR CREMATORY 240. L	escery ,	10/20/511
7 TU	AA. BURIAL, ON, REMOVAL (	CREMA- 24B. DATE	n ~	24C. MAME OF CEMETE	P P CREMATORY 240. I	OCATION (City, town, or	county) (State)
1	Juria		3-301	Story (	cross from	uulo	DDDECC
	ATE RECEIVE DCAL REGIST	RAR	10/1	liame, Mill	25. FUNERAL DIRECTOR	- yla la A	DDRESS
5	0.1950	1 tug	ton 14m	U d Marie III ( )	Demard. 6	· Starle 12	16.VEST. J
9/4	VS 150	- 6					1161
							0466



-652 BALTIMORE CITY HEALTH DEPARTMENT 898750-2008 CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) CARMICHAEL O'DELL DEATH October 18, 1950 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos 115 W. 23rd Street ength of stay in Baltimore Davs 9. AGE (In years | M Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH If Under 24 Hours 6. COLOR OR RACE I 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) male colored 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work done during most of working life, even if retired) amore, mod . 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Carmichael. Sr. 115- W. 23rd. 16. SOCIAL SECURITY NO (Yes, no or unknown) CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Subdural hematoma, bilateral 149 to 147 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If In Baltimore City, give exact location) 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [] CAUSE OF DEATH. 115 W. 23rd Street home Fell to concrete lloor while being 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT October 19.1950 4-6pm. swung around the room autopsy thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\boxtimes$ , undetermined  $\square$ . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER...... 23A. SUGNATURE ASSISTANT MEDICAL EXAMINER Oct. MEDICAL INVESTIGATOR. 24C. NAME OF CEMETERY OR CREMATORY | 240 LOCATION (City, town, or county 24A. BURIAL, CREMA-P PAON, REMOVAL (Specify) 24B DATE REGISTRAR'S SIGNATURE TE RECEIVED BY OCAL REGISTRAR

18887 Mr Topach cleanyed with E983×to 976.0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN If outside corporate fimits, write RURAL and give INSTITUTION HOURS HOPKINS HOSPITED township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGUE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) Months: Days Hours: Min. 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) NDUSTRY nechune 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -ames 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no nr unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAN SECURITY NO. ADDRESS (Yes, no nr unknown) -01-8470 USE OF DEATH 18. 022 X INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FIC RH OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS CAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 10-16- 1950 that I last saw the 19 50 to_ 22. I hereby certify that I attended the deceased from deceased alive on 10-16-19 50 and that death occurred at 2 m., from the causes and on the date stated above. 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DAFE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) /19 Burial Mt. Auburn Cemetery DATE RECEIVED BY Carrollt on REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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Was ancuryen of acrts - Angle of syptilite in origin? Der Drewinger Fall 50-8988 10-31-50

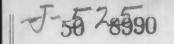
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correct age is especially important. First dans. Dense wine the con-

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg

50 8989 Registered No.

BIRTH NO.	50 0300		OLIVIN 10/11					
1. NAME C (Type or Pr	F DECEASED	TD	*	3 A T T	2. DATE			
3. PLACE C	DAV.	TD	ı	DALL   DEATH UCTODER 19, 1950				
A. Baltimo	re City, Maryland			A. USUAL RESIDENCE (Where deceased lived, If institution; residence  B. COUNTY before admission)				
B. FULL NA	ME OF (If not in hospit	al or institut	tion, give street address or location)					
INSTITUTIO	N			C. CITY OR TOWN	(If outside cor	porate limits, w	township)	
	marylan	1 Gener	al Hospital	Baltimore	a (If moved aire	10-0	1	
O amendia	of steel in Dulit		Yrs. Mos.					
ength	of stay in Baltimore	7 SINGL	Days E. MARRIED,	8. DATE OF BIRTH		in years   If Unde	r 1 Year   If Under 24 Hours	
Male	Colored	WIDOV	VED, DIVORCED (Specify)		last bi	rthday)   Months	Days Hours Min.	
	OCCUPATION (Give kind of		idower	April 18, 186		3]	. CITIZEN OF	
work done during	vork done during most of working life, even if retired) INDUSTRY			Virgini		12.	WHAT COUNTRY?	
13. FATHER	13. FATHER'S NAME						USA	
				14. MOTHER'S MAID	EIA IAVINE			
	or Ball EASED EVER IN U. S. ARMEI	FORCES?	1 16. SOCIAL	Julia				
(Yee, no or unkr	own) (If yee, give war or date	of service)	SECURITY NO.	17. INFORMANT	0-3	ADDI		
18.				Mildred Ball	Coleman	IUZZ N.	Wolfe St.	
ZO DISE RISE UND	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  CTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED							
1 1	TE OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?			
UNDERL	TERNAL CAUSE WAS YING OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		exact location)			
	E (Month) (Day) (Year) JRY		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID IN	JURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and frequence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes A accident, suicide, homicide, undetermined.  23A. SIGNATURE  23B. CHIEF MEDICAL EXAMINER								
V S 151		6	auto-in-	9	27.71.7	mus 0	930	

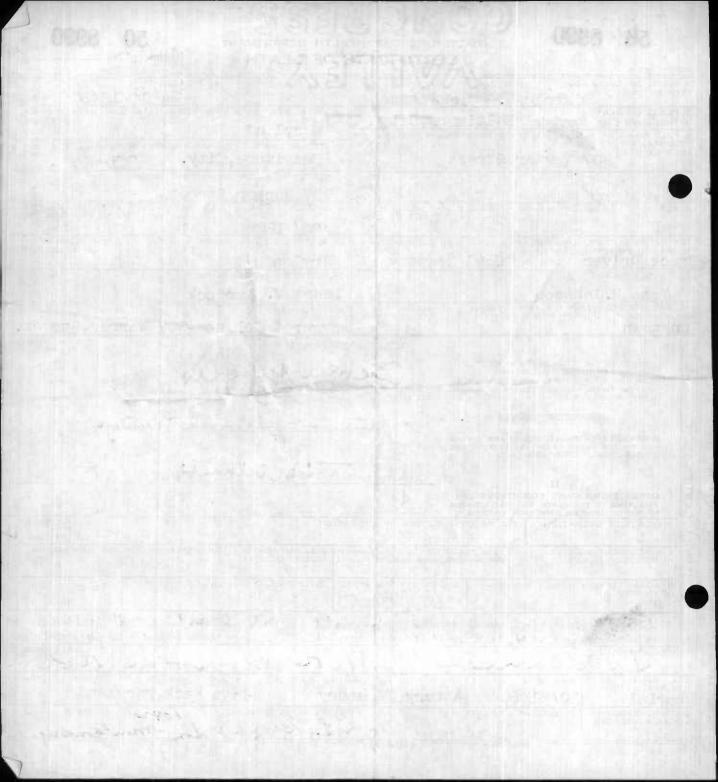


Correct age is especially important. Physicians:

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8990 egistered No.

В	RTH NO.		13.Y	CERTIFICATE	OF DEATH	registered.			
	NAME OF D	ECEASED				2. DATE			
(1	ype or Print)	Edward	W.	Johnson		DEATH 10/	18/50		
3.	PLACE OF D	EATH:	Poltin	more, City	4. USUAL RESIDENCE (	Where deceased lived. In B. COUNTY	f institution; residence before admission)		
	FULL NAME			ion, give street address or	Maryland	B. COUNTY	before admission)		
H	SPITAL OR	(11 1101 11 1100)		location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
16	STITUTION	907 Warmer	Stree	et	Baltimore, C	city.	township)		
				Yrs.	D. STREET ADDRESS (If	rural, give location)	N.7		
	ength of s	stay in Baltimore		Mos. Days	907 Warmer S	Street.			
5.	SEX	6. COLOR DR RACE		E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Year   It Under 24 Hours		
	M C WIDOWED, DIVORCED (Specify)				5/20/ 1899	last birthday) M	onths Days Hours Min.		
10		CUPATION (Givekind of	10B. KINI	O OF BUSINESS OR	11. BIRTHPLACE (State or i	- 100	12. CITIZEN OF		
worl	done during most	of working life, even if retired)		INDUSTRY	Momertand		WHAT COUNTRY?		
~~~	uck Dr		Coal	Company	Maryland 14. MOTHER'S MAIDEN N	IAME	1		
		I.Johnson			Laura V. Muric	lock			
(Ye	no or naknowa)	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
u	nknown				Margaret Johns	son-907 War	mer, Street.		
	18. 334	tx.		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEA	SE OR CONDITION	DIRECTLY	1	2 0 0 0				
	(This doe	LEADING TO DEA's not mean the mode of		s. (a) (lee	mal selow	dis .			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD								
7	ANTECEDENT CAUSES								
ō		S OR CONDITIONS, I			(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	10 and			
AT	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING T	HE DUE TO	- 0.0				
FICATION				DQ.	Twick Colle	a lie			
1		11		(C)					
ERTI		SIGNIFICANT CONDI							
Ü	TO THE I	DISEASE DR CONDITION	CAUSING	1T	6710AI		20. AUTOPSY?		
AL	19A. DATE	OF OPERATION 0 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES ND		
Ü	21A. ACCID	ENT, SUICIDE,	218. PL	ACE OF INJURY (e.g., in	or 21c. WHERE DID	(If in Baltimore City,			
EDIC	HOMICIDE	(Specify)	about home,						
Σ	210 TIME	(Month) (Day) (Year)	(Hous) 1	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	V OCCUR?			
	OF INJURY	(Month) (Day) (Tear)	(IIodi)	WHILE AT NOT WHILE					
			m.	WORK AT WORK					
	22. I herel	by certify that I att	ended the	deceased from	19 19 to C	195	that I last saw the		
	deceased a	live on L. (4	, 19 1	and that death occur	red atm., from	the causes and on	the date stated above.		
	23A. 5 9NA		*		3B. ADDRESS	0	23c. DATE SIGNED		
		white	N	M. D.	PLE SON	30 - 00	100000		
	AA. BURIAL.	Speeify		24c. NAME OF CEMETE		LOCATION (City, town			
	Burial	10/21/5	50	Asbury Cemet		n Neck, Mar	yland		
	ATE RECEIVE		S SIGNATI	URE	25. FUNERAL DIRECTOR	1082	ADDRESS		
	0.01050	and the same of th	1	MIN. DO	Jawren 1	- Son - mon	ntamens		
UT	Z Vs 1500	- Bank	the also	- THURSDIE MA	7_7 0 0		0 1		
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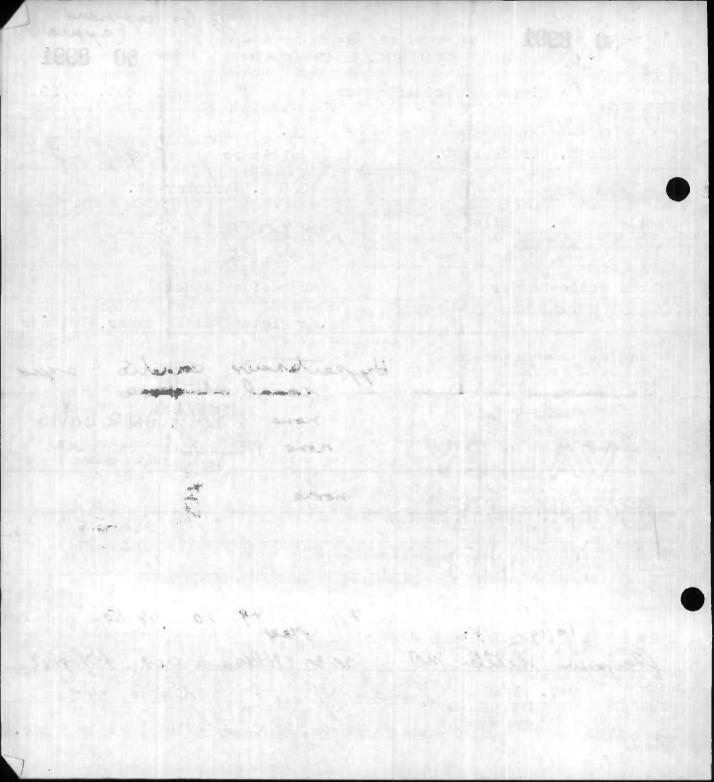


1W-355

20 Gr approved

	CERTIFICATI	EALTH DEPARTMENT E OF DEATH	Register	8991
1. NAME OF DECEASED			2. DATE	,
(Type or Print) Minnie	C. Weidenhamme	r	OF DEATH OCT	. 19/50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (\ A. STATE	Where deceased lived. If in B. COUNTY	nstitution : residence before admission
HOSPITAL OR	institution, give street address or location)	c. CITY OR TOWN (II	outside corporate limits,	urvite BIIDAL and viv
INSTITUTION 330 S. Strick	er St.	Baltimore	19-1	township
Amouth of showing Politics and	Yrs. Mos.	o. STREET ADDRESS (If		
	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years) If U	Inder 1 Year 1f Under 24 Hours
Female W. S	ingle (Specify)	Jan 91880	last birthday) Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Edward Weidenhammer		Mary Weidenh	ammer	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of s	ervice) SECURITY NO.	17. INFORMANT		DESO. S.
18. 14.1.24		rs.Henrietta W	erdelligumer	INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	ATING THE DUE TO	none Per:	Robinson	
0	(C)	CH	TEE OR ASST. MEDICAL EX	M. D.
OTHER SIGNIFICANT CONDITIO	NS CON-	nore	HEE-OR ASST. MEDICAL EX	AM NER.
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	NS CON- RELATED USING IT.	nore	TEEOR ASST. MEDICAL EX	
THE SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B.	NS CON-	nore	HE OR ASST. MEDICAL EX	AM NER.
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER-LYING CONTRIBUTING ab	NS CON- RELATED USING IT.	RATION DOT 21c. WHERE DID (If in Baltimore City, gi	20. AUTOPSY?
THE SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ab CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Ho	INS CON- I RELATED USING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i. out home, farm, factory, street, office bldg.,	RATION n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, gi	20. AUTOPSY?
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING BEAUTY CAUSE OF DEATH	INS CON- I RELATED USING IT. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., i. out home, farm, factory, street, office bldg.,	RATION n or 21c. WHERE DID (etc.) INJURY OCCUR? ED 21f. HOW DID INJUR	If in Baltimore City, gi	20. AUTOPSY?
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING BE CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Ho OF INJURY) 22. I hereby certify that I attended	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., is out home, farm, factory, street, office bldg., our) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ded the deceased from	RATION a or 21c. WHERE DID (tete.) INJURY OCCUR? ED 21f. HOW DID INJUR 1, 1949to	If in Baltimore City, gi	20. AUTOPSY? YES NO Eve exact location) That I last saw th
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ABOUT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hoof Injury) 22. I hereby certify that I attended deceased alive on 15 19 , 1	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., it out home, farm, factory, street, office bldg., our) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ded the deceased from 950 and that death occurs	RATION a or 2 Ic. WHERE DID (retc.) INJURY OCCUR? ED 21F. HOW DID INJUR 1979to 1979to	If in Baltimore City, gi	20. AUTOPSY? YES NO E ve exact location) That I last saw the date stated above
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about the contract of the contract	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i out home, farm, factory, street, office bidg., our) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK ded the deceased from 21D. and that death occurr	RATION a or 21c. WHERE DID (tete.) INJURY OCCUR? ED 21f. HOW DID INJUR 1, 1949to	If in Baltimore City, gi	20. AUTOPSY? YES NO E ve exact location) That I last saw the date stated above
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ABOUT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (House of Injury) 22. I hereby certify that I attended deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., to out home, farm, factory, street, office bldg., our) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 12 M. D. 24C. NAME OF CEMETE	RATION an or 21c. WHERE DID (1) ELL. DID (1) 21f. HOW DID INJUR (1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (8) (8) (8	If in Baltimore City, gi	ve exact location) That I last saw the date stated above 23c. DATE SIGNED
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ABOVE OF DEATH 21D. TIME (Month) (Day) (Year) (House of Death 21D. TIME (Month) (Day) (Year) (House of Death 22A. Fight of the strength of the str	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i out home, farm, factory, street, office bldg., our) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK ded the deceased from 9950. and that death occurs 124C. NAME OF CEMETE O 24C. NAME OF CEMETE	EATION a or 21c. WHERE DID (1) 1NJURY OCCUR? ED 21f. HOW DID INJUR Tred at 12 M/m., from 12 23B. ADDRESS A DORESS A CREMATORY 240. L	If in Baltimore City, given the causes and on the Cocation (City, town, a Callo,	ve exact location) That I last saw the date stated above 23c. DATE SIGNED
TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA 19A. DATE OF OPERATION 19B. 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ABOUT CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (How of Injury) 22. I hereby certify that I attended deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., i out home, farm, factory, street, office bidg., our) 21E. INJURY OCCURR M. D. WHILE AT NOT WHILE AT WORK M. D. And that death occurr 24C. NAME OF CEMETE OLIGNATURE	RATION an or 21c. WHERE DID (1) ELL. DID (1) 21f. HOW DID INJUR (1) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (8) (8) (8	Y OCCUR? Y OCCUR? The causes and on the Court of City, town, of Court, town,	that I last saw the date stated above 23c. DATE SIGNED OF COUNTS) (State)

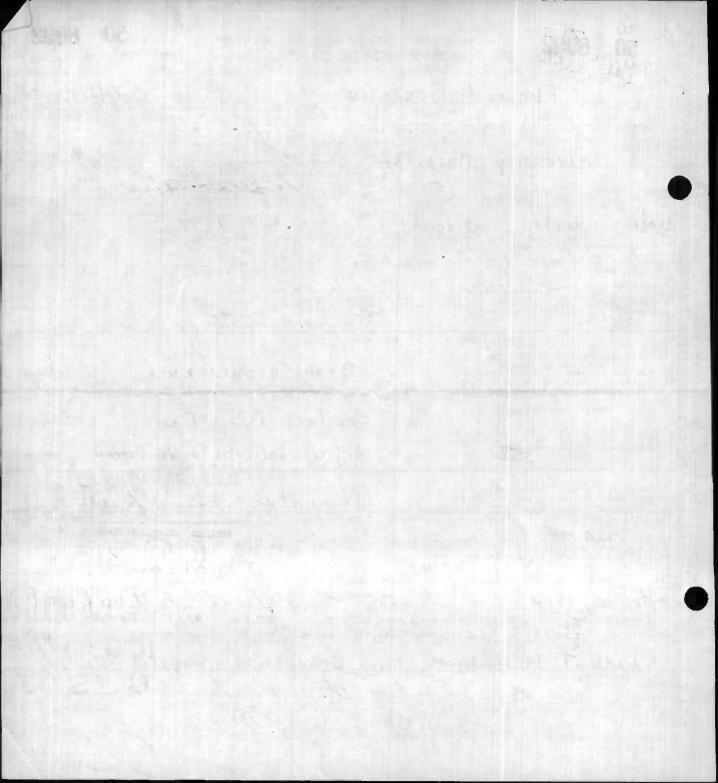
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

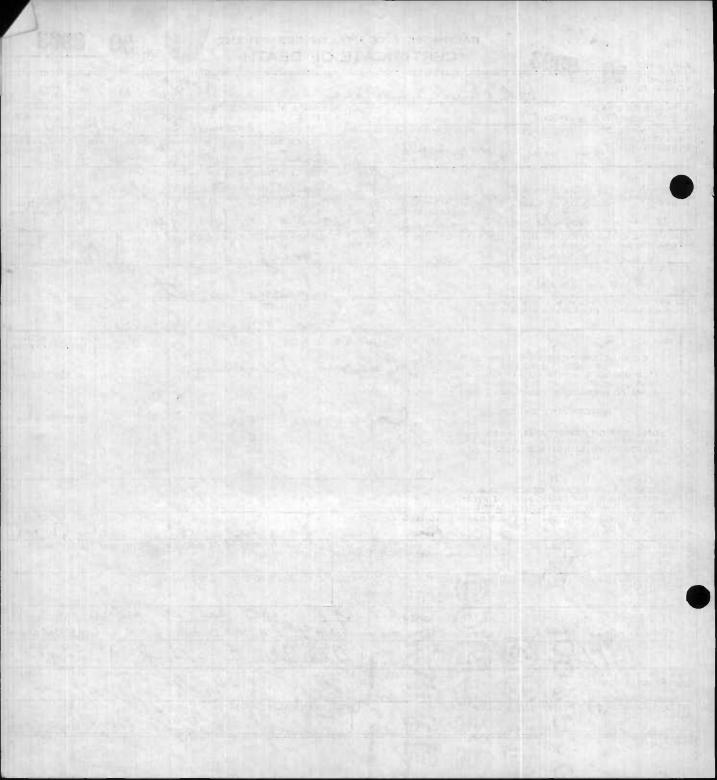
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUARS DEATH 3. PLACE OF DEATH: 4. USUAL-RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. ength of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) II Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. W idnuen 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? irritue designer Varnish 60 Chas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Improun 00010 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 422.1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Broncho pulumo NIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fracture Public RAMI DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Arterio- Sclerotic Cardio - Vasca (C) CERTIFICATION APPROVED 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 2 198, MAJOR FINDINGS OF OPERATION CHIEFEOR ASST. MEDICAL EXAMINERES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH home 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from (0) 5 , 1950, that I last saw the deceased alive on_10/18 . 1952, and that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED UNIVERSITY WOULD M. D E4D. LOCATION (City, town, or pourty) 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24C/NAME OF CEMETERY OF CREMATORY 24B. DATE 1. 3801 Arederick U. Bento. Ma Qurial audon DATE RECOIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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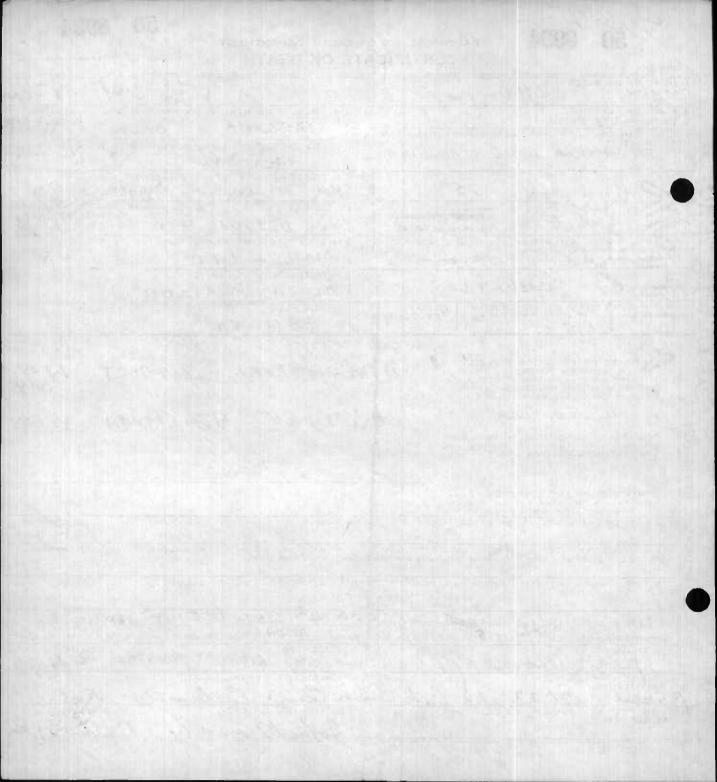


6	0-22	0	BAI	TIMORE CITY HE	EALTH DEPARTM	ENT	50	8993	
BIE	BIRTH NO. FO 8993 CERTIFICATE OF DEATH Registered No.								
1.	NAME OF DECEAS	ED A	P	C.V.		2. DAT		. 0 .	
(Type or Print) ARThur Dicus OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased)							11 /	9-50.	
Α.	Baltimore City, M	Maryland	-1 1 11		A. STATE	B. C	OUNTY	before admissio	
HO	SPITAL OR			ion, give street address or location)		(If outside con		rite RURAL and gi	
7	STITUTION FRA	iniclin	2 mes	Hospilal .	Paltine	, many	lamp	20 Cownshi	
				Yrs. Mos.	o. STREET ADDRES				
5.	length of stay in	Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	33366	7	er 1 Year If Under 24 Hou	
	maly a	white	WODIW	PED, DIVORCED (Specify)	10-8-18	76 last b	irthday) Month	Bays Hours Mi	
	A. USUAL OCCUPAT done during most of working	glife, even if retired)		OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Sta	te or foreign cour	itry) 12	CITIZEN OF	
13.	FATHER'S NAME	TUCKJ7574	1 2	est .	14. MOTHER'S MAIL	DEN NAME		Cimemi.	
	John	Diens			June 3	Wat	t		
15. (Yes.	. WAS DECTASED EVER	R IN U, S. ARMEI	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	praas	ADD	RESS	
				OLCONTT NO.	mo mo	rasie D	ceus		
	18. 141 %	1		CAUSE	OF DEATH	10		ONSET ANO DEA	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH OTHERS OFFICIAL OFFICIAL							5	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						*****************	2 Minn	
	ANTECEDENT CAUSES							(100 10	
ZO	DISEASES OF C	ISEASES OR CONDITIONS, IF ANY, GIVING						6 mm	
F	RISE TO THE ABOUNDERLYING	OVE CAUSE (A)	STATING TH		U				
RTIFICA				(C)					
RTI	OTHER SIGNIF			٧-					
CE	TRIBUTING TO THE TO THE DISEASE	OR CONDITION	NOT RELATE	ED T					
AL	19A DATE OF OPE	RATION /	9B. MAJOR	FINDINGS OF OPER	RATION / ANS 4	· Net	L	20. AUTOPSY?	
EDICA	21A. ACCIDENT, SU		218. PLA	ACE OF INJURY (e. g., i	n or 21c, WHERE DIE		more City, give	exact location)	
	HOMICIDE (Spec	eny)	about home,	arm, factory, street, office bldg.,	ew.) INJURY OCCUR	f			
Σ	210. TIME (Month) OF INJURY	(Day) (Year,		21E. INJURY OCCURR		NJURY OCCUR	?		
7			m.	WHILE AT NOT WHILE AT WORK		A .			
	22. I hereby cert	ify that I att	tended the	deceased from and that death occur	98 000	1000-1	7_, 1950t	hat I last saw t	
	deceased alive on	gari		and that death occur	rred atm., f	rom the cause	s and on the	date stated abou 23c. DATE SIGNE	
	(1/2	fund	closs	m) M.O.	Traublen,	Ag 1th	of:	10/19/10	
24 TIO	A. BURIAY CREMA-	24B. DATE		24C. NAME OF CEMETE	TRY OR CREMATORY	240 LOCATION	(City, town, or	county) (State	
6	Dured	Uct 2	3	Touclon	Tark.	Pallo	n	19	
	TE RECEIVED BY	REGISTRAR	. 1 . 11	RE O O O	25 FUNERAL DIREC	TAN	fl/ A	DORESS	
101	ST. 2 0.1950	1 hours	vator /	Milania, My	Hours	1 Het	RU 4/81	Colora de Car	
	vs 150000	1000	100	430	SA			DHEL	
								1701/18	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Registered No. ERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) BALTO (If not in hospital or institution, give street address or HOSPITAL OR CITIZEN INTE location) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) ROX 180 BOWLERS QUALTERS ength of stay in Baltimore Days 9. AGE (In years It Under 1 Year last birthday) Months; Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIRESED, DIVORGED (Specify) make manued 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF ork donesturing most of working life, eyen if retired) INDUSTRY MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EARNEST SCHULT2E 14120R 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yo, give war or dates of service) 17. INFORMANT (Yes, no or naknown) SECURITY NO. PATIENI INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. k., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact 21A. ACCIDENT, SUICIDE, INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from 1950 to ber 19 1950 that I last saw the 1950 and that death occurred at 1020 m., from the eauses and on the date stated above. deceased alive on 238. ADDRESS 23 DATE SIGNED 23A. SIGNATURE NAME OF GEMETERY OR CREMATORY TION. REMOVAL (Specify DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

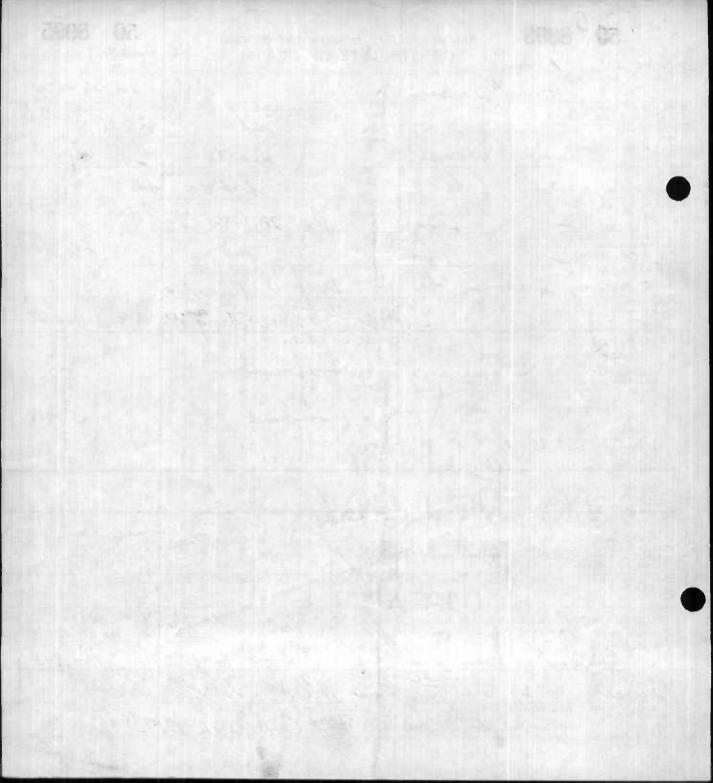


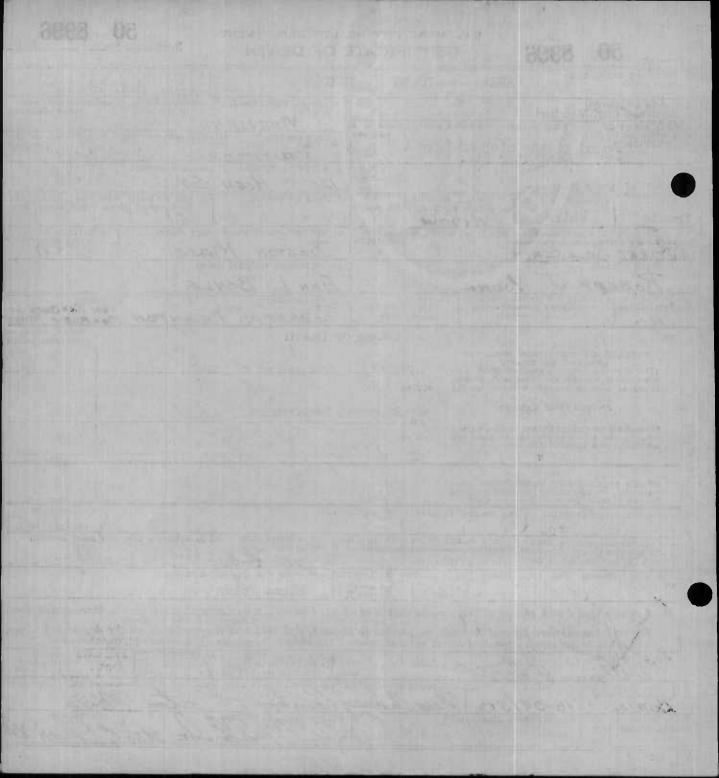
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8995

В	BIRTH NO. CERTIFICATE OF DEATH							
	NAME OF DECEASE 'ype or Print)	Harn	W. Lu	bock n.		2. DATE OF DEATH	0-19-6-0	
	PLACE OF DEATH: Baltimore City, M	aryland	V V		4. USUAL RESIDENCE (Where deceased lived B. COUNTY	. If institution : residence before admission)	
	FULL NAME OF (If not in hospit	al or institut	ion, give street address o		Bo	4	
	STITUTION	luis.	Ho	apital	C. CITY OR TOWN	lf outside corporate li	mits, write RURAL and give township)	
	Ö		P: /	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
-	ength of stay in	Baltimore OR OR RACE	MI	Days		aca or		
	M	W		E. MARRIED.	8. DATE OF BIRTH 28, 1938	9. AGE (In years last birthday)	Months Days Hours Min.	
1C worl	A. USUAL OCCUPATION done during most of working	life, even if retired)	10B. KIND	OF BUSINESS OR	11. PIRTHPLACE (State of	foreign country)	12. CITIZEN OF	
13	FATHER'S NAME	A		100.00	14. MOTHER'S MAIDEN	NAME	7(13	
1.5	Ham	1 Seel	toch	Ar.	mary D. Joh	medes		
(Ye	MAS DECEASED EVEN	IN U. S. ARMED b, give war or dates	of mervice)	SECURITY NO.	17. INFORMANT Have Have	rry W. 111	& L. Poca A.	
	18. 201X			CAUSE	OF DEATH	/	INTERVAL BETWEEN	
	DISEASE OR LEADI	NG TO DEAT	'H		8 00 t			
	(This does not me heart failure, astho injury or complic	nia, etc. It mea:	ns the discas	e,	There			
	ANTEC	EDENT CAUS	ES		// 1 0 0 .			
Z	DISEASES OR CO	NDITIONS IS	ANY CIVIN	(B)	Hodghens	• • • • • • • • • • • • • • • • • • • •	3 74	
TI	RISE TO THE ABOV	E CAUSE (A)	STATING TH	E DUE TO	10			
ICA				(C)		•••••••••••••••••••••••••••••••		
RTIFICATION	OTHER CICNER	II CONDI	*10NG					
Ш	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE O	E DEATH, BUT	NOT RELATE	:D				
U	19A. DATE OF OPER			FINDINGS OF OPE	RATION		20. AUTOPSY1	
CAL		0					YES NO	
MEDICA	21A. ACCIDENT WALLYING OR CONT CAUSE OF DEATH	RIBUTING		ACE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore Cit	y, give exact location)	
9	21D. TIME (Month) OF INJURY	(Day) (Year)		21E. INJURY OCCURF		RY OCCUR1		
9			m.	WHILE AT NOT WHILE AT WORK				
	22. I hereby certij			deceased from	10-1-50 19 to	10-19-50, 15	, that I last saw the	
	deceased alive on_	10-19-50	, 1 9	and that death occu		the causes and or	n the date stated above.	
	W.M	Lu. Sr.	Ban		238. ADDRESS	ocp.	18 - 19-50	
24	DA. BURIAL CREMA-	24B. DATE		24C. NAME OF CEMETI		CATION (City, to		
	1 Durial	10-23	-50	Loudon	Hart 10	alto in	26.	
	TE RECEIVED BY	REGISTRAR	i	RE COLL	25. FUNERAL DIRECTOR	B	ADDRESS	
I	201950	Thuili	valor /	Mixins, M. W.	Cook in	0-12/12	Taul (2)	
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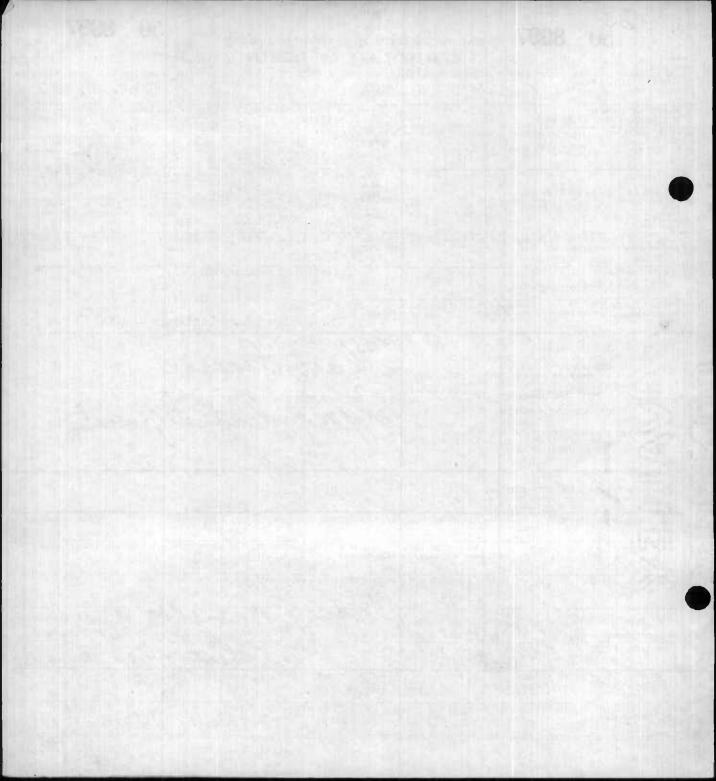




50 8997

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE JENNIE HORNER HIEATZMAN Oct. 19. 1950 (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1806 Eutaw Place Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. ngth of stay in Baltimore 1806 Eutaw Place Davs 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify) WIDQWEQ 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under 1 Year If Hoder 24 Hours last birthday) Months: Days Hours: Min. Aug. 28, 1871 female whi te 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Horner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown] (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mr. Herbert M. Hieatzman - 1806 Eutaw Place no INTERVAL BETWEEN 422.2 DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO descenting ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK , that I last saw the 22. I hereby certify that Luttended the deceased from_ 29 19 and that death occurred at 11 37 m., from the causes and on the date stated above deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-124B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 10/23/50 Druid Ridge Cem. Pinkesville, Md. HUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150



D 50 250 8998

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8998 Registered No.

	BI	BIRTH NO.							
		name of decease atherine din	ion 2. DATE OF DEATH OCT	191950					
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	ution residence before admission)					
	HC	FULL NAME OF (If not in hospital or institution, give street address		rite RURAL and give					
	IN	803 Cedar Crost Ra	Gallimore 2	7 - 4 (ownship)					
0		LV Yr.		PI					
	5.	ength of stay in Baltimore Day 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years I) Under	1 Year If Under 24 Hours					
		The market	Ochtas 1892 58 Months	Days Hours Min.					
	10.	MUSUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUST	RY 11. BISTHPLACE (State or foreign country) 12.	WHAT COUNTRY?					
	13	PATHER'S NAME OF AT HOME	14. MOTHER'S MAIDEN NAME	15,71.					
	X	Jeorge a Stark	Louise 6 Holy	er.					
	15 (Yes	WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Thos. F. Dijon San						
		18. 23/X . CAUS	E OF DEATH	INTERVAL BETWEEN					
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Alred Hemarrham	15600 -					
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		70 1004					
	_	ANTECEDENT CAUSES	wed hisportises in.	10 40-					
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Annual Conference of the Confe					
	RTIFIC	(C)							
2	ERT	OTHER SIGNIFICANT CONDITIONS CON-							
	C		PERATION	20. AUTOPSY?					
	SAL			YES NO					
	MEDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. I about home, farm, factory, street, office blo		exact location)					
)	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI	ILE []						
	4	m. WORK AT WOR		nat I last saw the					
5		deceded alive on 05-19, 1950, and that death occ	curred at men., from the causes and on the d	ate stated above.					
2	1	MINION PHOTOLOGY M.D.	2000 MAN 10/10/10	BY TO 50 -					
20 2	2.4 TIC		TERY OR CREMATORY 24D. LOCATION (City, town, or c	oynty) (State)					
201	DA	Jurial Oct 23 1950 moreland /	Memorial lack July, ma	DRESS					
		9ALZ REGISTRAR	Henry M. Jankerins & Sorols	4905 Vort					
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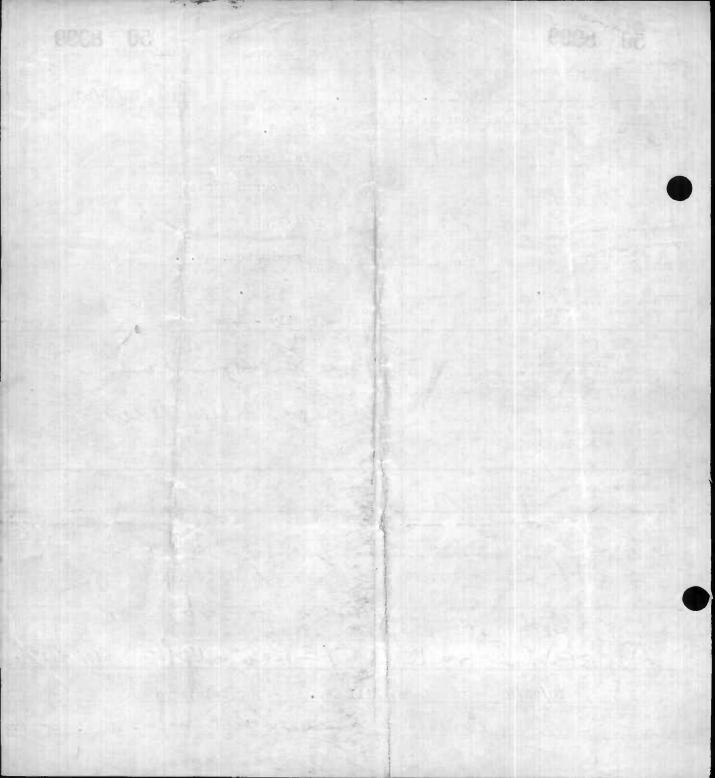
or. Thos of Moreley Ir 2900 alameda Blod

P- 502 8999

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 8999

ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registere	u No.		
	NAME OF E	DECEASED				2. DATE			
(T	ype or Print)		VICTO	OR A. PYLES S	SR. OF 10/19/50				
	PLACE OF E	OH: NE 1 1 .		2	4. USUAL RESIDENCE (Where deceased lived, If institution; residence				
1-	FULL NAME		OI7 For	ion, give street address or	A. STATE	B. COUNTY	before admission)		
H	SPITAL OR	OF (II not in nospit	ai or institut	location)		f outside corporate li	imits, write RURAL and give		
IN	STITUTION				Baltimore	r outside corporate in	township)		
-				Yrs.					
				Mos.	D. STREET ADDRESS (If rural, give location) 4017 Fourth Street				
		stay in Baltimore	-	Days					
3.	SEX	6. COLOR OR RACE		E, MARRIED, 'ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.		
	M W M			I/24/1885	65				
10 work	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF		
	Contra		Self	((ONST.)	Washington,	D.C.	WHAT COUNTRY?		
13	. FATHER'S				14. MOTHER'S MAIDEN N				
		Joseph H			Mary T. Cr	10 c W 0 W			
15	. WAS DECEAS	JOSOPH H.	FORCES?	I 16. SOCIAL		-eanter			
(Ye	n no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
	100	\W 1 & 2			Family - Same				
	18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION		A/ .	2	,			
		LEADING TO DEAT	f dying, e. g		scaro al algo	whom			
		ure, asthenia, etc. It mea complication which c			0				
				/ .	1	incohon			
7		ANTECEDENT CAUS	ES	W	ronary with	en Mol	est		
ATION		S OR CONDITIONS, I				J			
E		THE ABOVE CAUSE (A) YING CONDITION LA		IE DUE TO					
Ü				(C)		***************************************			
TIFIC									
00		SIGNIFICANT CONDI					ATT TO THE REAL PROPERTY.		
		G TO THE DEATH, BUT DISEASE OR CONDITION			••••				
1	19A. DATE	OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
Y							YES NO		
EDICA	21A. ACCIE	DENT WAS UNDER-		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore Cit	ty, give exact location)		
	CAUSE OF	R CONTRIBUTING	about nome,	arm, ractory, screet, omce bulg.,	INJURY OCCURY				
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
	OF INJURY		,	WHILE AT NOT WHILE					
			m.	WORK AT WORK	W 20 17 / 1	alexa			
		by certify that I att		deceased from	uth 20 , 1950, to 8		that I last saw the		
		live on oct 18	_, 19 <i>5</i> U		red at 8-20 Am., from	the causes and or	n the date stated above.		
	23A. SIGNA	TURE .	, 0,	- 10 2	3B. ADDRESS	11 8/2	23c. DATE/SIGNED		
	~0	my	Y	M. D.	1 = Kame				
710	A. BURIAL, ON, REMOVAL (S	Specify) 24B DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, to	own, or county) (State)		
	В	10/23/5	50	Cedar Hill	Cem. Be	altimore			
	TE RECEIVE	D BY REGISTRAR	SSIGNATL	IRE J	25 FUNERAL DIRECTOR	1	ADDRESS		
L-(CAL REGIST	ITAK	A fram	William it to	The The	Terre -	I30 E. Fort Ave		
1	2 1 1950		MARCY)	-00 -01 -010 -110		
	VS 150		10	200			0920		
2				2702	- 4				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9000 Registered No.

BI	RTH NO.				• ,				
	NAME OF D	STEVE JAI	MEDES			2. DATE OF DEATH Octo	ber 20, 1950		
A.	PLACE OF D Baltimore (City, Maryland	-1 - 414 - 4		4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission				
H	STITUTION	US Marine man Pk. Drive	Hospita		71				
	", ",	medi zk. privo	w 012	Yrs.	D. STREET ADDRESS (If rural, give location)				
	ength of s	stay in Baltimore	66	days Mos.	3504 Minnesota Avenue, SE				
5.	SEX M	6. COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specify) Orced	8. DATE OF BIRTH 8/15/89	9. AGE (In years Molast birthday) Mol	Under 1 Year H Under 24 Hours nths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Seafarer					11. BIRTHPLACE (State or i		12. CITIZEN OF WI AT COUNTRY? USA		
13	. FATHER'S			Garar Gr	14. MOTHER'S MAIDEN N	AME			
		as Jaimedes			?				
15 (Ye	, WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Records- US Ma		DDRESS		
	18. 16	2 ×	THE V	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bronchorenic carcinoma left lung								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
Z	ANTECEDENT CAUSES Bronchopneumonia						Unknown		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
5	13/1/13								
Ë	11 (C)								
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED					
AL	19A, DATE		20. AUTOPSY?						
EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give example of the control								
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	mlo 8 9 9	YOCCUR1			
_	22. I hereby certify that I attended the deceased from Aug. 15 , 1950, to Oct. 20 , 19 50 that I last saw the								
		live on Opt. 2	0 19 50	and that death occur	rred at 8 : 3 5A m., from	the causes and on th	re date stated above.		
	23A. SIGNA	TURE YOU	1 Ru	ulsau 2	238. ADDRESS US Marine Hospita		10/21/50		
2. TI	4A. BURIAL, ON BEMOVAL (CREMA/I 2/48, DATE		24c. NAME OF CEMETE		itland,	Mary Paul		
	ATE RECEIVE		'S SIGNATI	JRE	25. FUNERAL DIFFECTOR	hers Co. N	ash. D.C.		
T	2 1950	Pusting or 1	PALESIA	240 5	3		0470		

